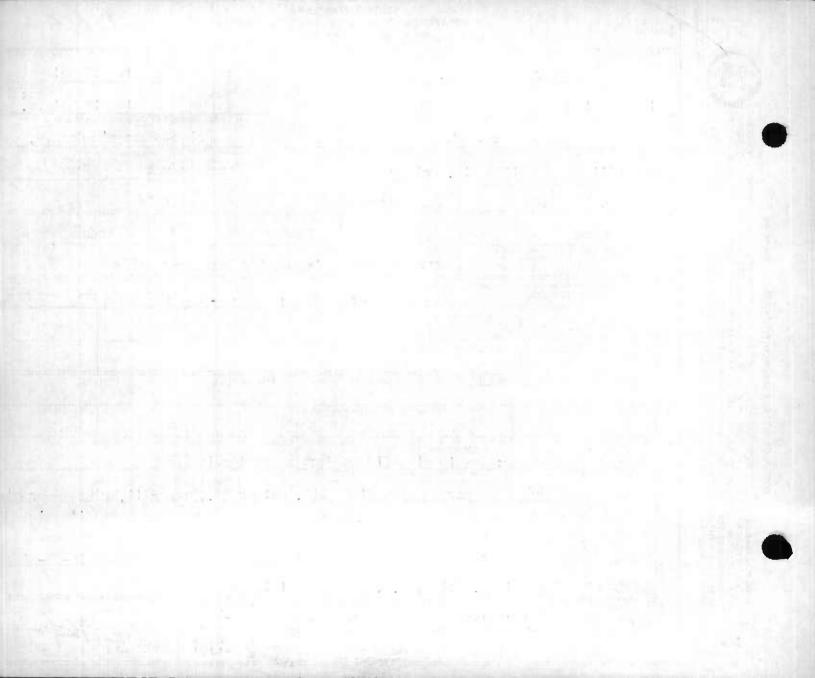
/							4	9 7	7 9	
- STATE							ы	Con 1	ding 2000	3
				VER 5 C	EKTIFICATE		REG		D. 10 10 10 10 10 10 10 10 10 10 10 10 10	6. 110.10
	NT)				4	20	OF EST)-			26. HOUR
CEV						DOLUBE 1		, 0		M
		July 15	YEAR LAST BIRTH	DAY) MONTH	S DAYS HOURS	MIN PE	ONOUNCED			24 HOUR 5:31 P. M
7- DIDTUDE	ACE ISTATE OR					2 P.	BALTIMORE CIT			IP. M
D.C.	OUNTRY)	us	.A.				Prince	George	's Count	У, мр.
		11. NAME OF HOS	SPITAL, NURSING HOA	E, OR OTH	ER INSTITUTION	12a. USUA	LOCCUPATION	LTYPE OF WORK	12b. KIND OF BL	ISINESS
		1900 b	lk. Palmer	Road		Tru	ck Drive	er	Truck	ing
13a. STATE	ryland 13b. CC	ome or other institution, G DUNTY P.G.	130 CITY OR TOWN	ring to	13d. INSIDE CITY LIMITS?  WES NO	13. STREE	Taddress Tucker	Rd.		
14 FATHER'S	SNAME	WIDDLE	LAST		15. MOTHER'S MAID	DEN NAME	MIDDLE		. LAST	
									lodge	m 7
(YES, NO, C	CEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)								
no				5047	Arthur	Lee Iv	ey Same	as 13e.		
18 C/	ART I DEATH WAS CAL	ISED RV.		K I					APPROXIMAT BETWEEN ONSE	T AND DE ATH
0	IMME	DIATE CAUSE (a) GL			ht Temple	(h	andgun)			
7	anditions if any w		AS A CONSEQUENCE	OF					1 - 46	
9	ave rise to immed	liate / (b)								
		DUE TO, OR	AS A CONSEQUENCE	OF						
PART 2	DIMER SIGNIFICANT CONDIT	(c)	DOT NOT BELLTED TO THE SE	MINAL DISEASE	On countries out to b				<u> </u>	
	DINER SIGNIFICANT CONOT	TONS CONTRIBUTING TO GENTA	BOT NOT RELATED TO THE TEL	MINAL DISEASE	OK CUMUITIUM GIFEN IN P	AKI I (d				
190. D	ATE OF OPERATION	19b. CONDI	TION FOR WHICH OPE	RATIONW	AS PERFORMED?				20 AUTOPSY	?
I I									YES 💢	NO 🗌
210. EX					W INJURY OCCURR	ED LENTER NA	TURE OF INJURY IN ITE	M 18 PART I OR PA	ART 2)	
3 CONT	REYING WOR TRIBUTING CAUSE	OF DEATH 5:00P.N	. 10 17 198	I su	bject shot	hims	elf			
21d. IN	NJURY OCCURRED	2) e PLACE	OF INJURY (AT HOME,	21f. LO	CATION			C	DUNTY	STATE
		VV I		1 -						orge's
22	0. I certify that I taak c	harge of the remains de	scribed above, held an							
					_		, ,	],	p	
0.00	1.)	× 1		THE PARTY OF THE P	TITLE (SPECIFY)			T		
		nia L Dola	u	M		1 MEDIC	AL EXAMINER	DATE	ED10-23	-81
							AL EXAMINEN	31011		
EXAM (TYPE	OR PRINT)	irginia L.	Dolan, M.D		ADDRESS					
230 BURIAL,	CREMATION, REMOV					23d. LOC	ATION	COL	JNTY 5	TATE
		10/26/81	Resur	ection	r Cemetery	Cl	Pinton 1		NAVI	-
24. FUNERA						- 1	GISTRAR 14 R	NEGISTIARIS,	REMINIMENT	
	Mason Inc	. 1661 God	d Hope Rd.	S.E.	. NUI	1 4	301 9			
	REGIS:  I. DECEASE!  I. DECEASE!  I. TYPE OR PART  I. SEX  Ma I e  To BIRTHPL  FOREIGN C.  D. C.  II. CITY OR  OXOT  USUAL RESII  I30. STATE  Max  I4 FATHER:  Walt  I60. WAS DE  (YES, NO. C.  NO  I8 C.  I90. D  PART 2  I90. D  INDE  CON  ACTU  SIGN  EXAM  (TYPE  210. E  WHIL  AT W  22  deat  ACTU  SIGN  24. FUNERA  24. FUNERA  24. FUNERA  24. FUNERA	TO STATE REGISTRAR  I. DECEASED NAME (TYPE OR PRINT)  ROLL  SEX  Male  Black  TO BIRTHPLACE (STATE OR FOREIGN COUNTRY)  D. C.  ID. CITY OR TOWN OF DEATH  OXON HILL  USUAL RESIDENCE (IF IN NURSING HE FIRST)  Watter Adams  14. FATHER'S NAME  Watter Adams  16. WAS DECEASED EVER IN U.S.  (YES, NO, OR UNKNOWN)  IIB CAUSE OF DEATH (Enter PART I DEATH WAS CAN IMME  Conditions, if ony, we gave rise to immed cause (o) stoting the unitying cause lost.  PART 2 DIHER SIGNIFICANT (ONOIL)  190. DATE OF OPERATION  190. DATE OF OPERATION  WHILE  AT WORK  210. L'ertify that I taak of death resulted from:  ACTUAL  SIGNATURE  EXAMINER'S NAME  (YPE OR PRINT)  230. BURIAL CREMATION, REMOVE CAME OF THE COUNTRIES OF	TO STATE REGISTRAR  I. DECEASED NAME (TYPE OR PRINT)  ROBERT  ROBERT	DEPARTMENT OF MEDICAL EXAMINE REGISTRAR  I.DECEASED NAME PRIST  ROBERT A.  I.SEX  I. RACE  Black  Black  July 15, 1953 28  75. DATE OF BIRTH DAY JULY 15, 1953 28  76. BIRTHPLACE (STATE OR POREIGN COUNTRY) POREIGN COUNTRY)  D. C.  II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, GIVE STREET ADDRESS  I. STATE  WALTER SIDENCE IF IN NURSING HOME OR OTHER INSTITUTION, GIVE STREET ADDRESS  I. STATE  WALTER STAME  WALTER ADDRESS  III. COUNTY  P. G.  III. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  GUIS NO, OR UNKNOWN)  III. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  GUIS TO, OR AS A CONSEQUENCE  CONDITION FOR WHICH OPE  III. LINJURY OCCURRED  VIDER SIGNIFICANT CONDITIONS (ON TRIBUTION FOR WHICH OPE  III. LINJURY OCCURRED  VIDER VINDER VINDER VINDER  III. LINJURY OCCURRED  VINDER VINDER VINDER VINDER  III. NOT WHILE AT WORK  VINDER VINDER VINDER  VINDER VINDER VINDER  VINDER VINDER VINDER  III. LINJURY OCCURRED  VINDER VINDER VINDER  VINDER VI	DEPARTMENT OF HEALTH MEDICAL EXAMINER'S C  I.DECEASED NAME  ROBERT  RO	STATE REGISTER   REDICAL EXAMINER'S CERTIFICATE (   DEFCE ASED NAME   PRS1	FOR   DEPARTMENT OF HEALTH AND MENTAL HYGIENE   MEDICAL EXAMINER'S CERTIFICATE OF DEAT	DEPARTMENT OF HEALTH AND MENTAL HYGIENE    MEDICAL EXAMINER'S CERTIFICATE OF DEATH    REGISTRAR   MEDICAL EXAMINER'S CERTIFICATE OF MARKED    REGISTRAR   MEDICAL EXAMINER'S CERTIFICATION    REGISTRAR   MEDICAL EXAMINER'S CERTIFICATION    REGISTRAR   MEDICAL EXAMINER'S CERTIFICATION    REGISTRAR   MEDICAL EXAMINER    REGISTRAR   MEDICAL EXAMINER    REGISTRAR   MEDICAL EXAMINER    REGISTRAR   MARKED   MEVER MARKED    REGISTRAR   MEDICAL EXAMINER    REGISTRAR   MARKED   MEVER MARKED    REGISTRAR   MEDICAL EXAMINER    RECITIFICATION   MEDICAL EXAMINER    REGISTRAR   MEDICAL EXAMINER    REGISTRAR   MEDICAL EXAMINER    REGISTRAR   MEDICAL EX	DEPARTMENT OF HEALTH AND MENTAL HYGIENS   2   2   5   5   5   5   5   5   5   5	FOR   DEPARTMENT OF HEALTH AND MENTAL HYGEND   THE STATE OF DEATH   REG, NO.

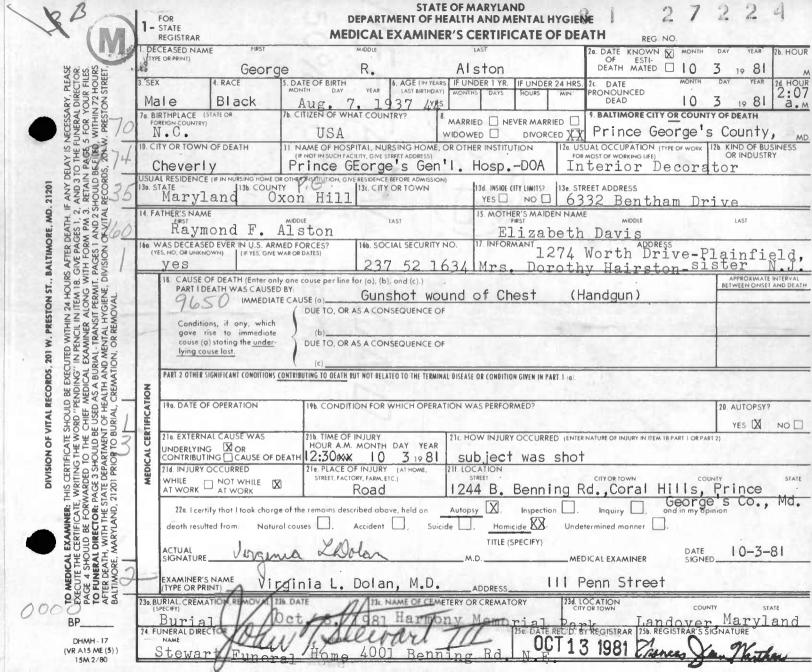


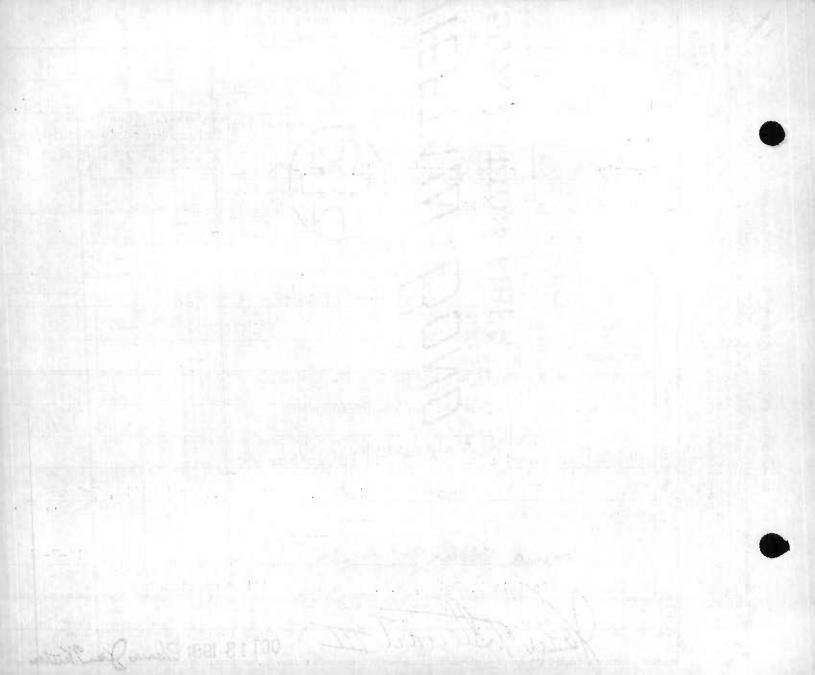
e 5 II 100	A	PE OR PRINT)	FIRST	La pr	MIDDLE		arich	20. DATE OF DEAT	G. NO. TH MONTH D  Oct. 15	1981	2b. HOUR
1 /K	N.	PSEX		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LA		IF UNDER 1 YEAR	IF UNDER 24 H
9 50		Female		Cauc.		Sept	4, 1892 YEAR	89	YRS.	MONTHS DAYS	HOURS
n 72 ha	1	o. BIRTHPLACE (STATE COUNTRY)		76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CI		OF DEATH	133
Potified	6	Clinton	DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	or other institution spital Center	12a. USUAL OCCU (TYPE OF WORK FOR M Retired			ing
Myst be	5	SUAL RESIDENCE (IFN 30. STATE Md.	131 COU	NTY	GIVE RESIDENCE BEFORE  13c CITY OR TOW  Camp Sp	/N	13d. INSIDE CITY LIMITS? YES NO		ess <b>ummerhil</b>	1 Rd.	
Examiner	0	FATHER'S NAME FIRST		MIDDLE	Fairbro	ther	15. MOTHER'S MAIDEN N Susanna	AME	DLE	Unknow	51 W23
medicol	1	(YES, NO OR UNKNOWN)	LIF YES, GI	VE WAR OR DATES)	16b SOCIAL SECU		17. INFORMANT		DDRESS		
the me		yes	WWI		577-84-1	4472	C. Joy Peter	son same a	as item		IMATE INTERVAL ONSET AND DEA
other tro		gove rise to couse (a), sto underlying co	oting the	DUE TO, O	R AS A CONSEQUE	ENCE OF					
to buriol, cremot njury, or other tra		couse (o), sto- underlying co	oting the use lost.	(c)	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR (	CONDITION GIVE	EN IN PART 10	01
or to Univi	9	couse (o), sto- underlying co	oting the use lost.  IGNIFICANT	(c)	ontributing to i	DEATH BUT		MINAL DISEASE OR C	20b. IF YES, IN CERTIFY	, WERE FINDII	NGS USED
8 shows ony injus	- 1	PART 2. OTHER S  Fractus  19a. DATE OF OPE	oting the use lost.  IGNIFICANT  red Hi  RATION  UNDERLYING	CONDITIONS CO p, Carei	ONTRIBUTING TO I	the 11	ang N WAS PERFORMED  21c. HOW INJURY OCCU	200 AUTOPSY?  YES NO	20b. IF YES, IN CERTIFY	, WERE FINDII YING CAUSES	NGS USED OF DEATH?
tem 18 shows ony injury, or other tre	- 1	PART 2. OTHER S  Fractus  19a. DATE OF OPE	IGNIFICANT  TO HE  RATION  UNDERLYING   CAUSE OF DE  REDICAL EXAMINE	CONDITIONS CO CAREI  19b. COND  19b. COND  19b. TIME O HOUR A. UN KN  UN KN  19b. TIME O HOUR A. UN KN  19b. TIME O	ONTRIBUTING TO I	the 11	ang N WAS PERFORMED  21c. HOW INJURY OCCU Fell at	200 AUTOPSY?  YES NO	20b. IF YES, IN CERTIFY	, WERE FINDII YING CAUSES	NGS USED OF DEATH?
	- 1	PART 2. OTHER S  190. DATE OF OPE  210. ACCIDENT WAS  OR CONTRIBUTING ( If EITHER NOTIFY M  21d. INJURY OCC.)	IGNIFICANT  IGNIFI	CONDITIONS CC  CARCI  19b. COND  21b. TIME O HOUR A. UNICH  21e. PLACE (AT HOME, STE	ONTRIBUTING TO I	DEATH BUT  THE 11  OPERATIO  PARM, ETC.)	216. HOW INJURY OCCU Fell at	200 AUTOPSY?  YES NO RRED (ENTER NATURE OF CITY)	20b. IF YES, IN CERTIFY YES FINJURY IN ITEM 18, PA	, WERE FINDITY  YING CAUSES  ART 1 OR PART 2)  COUNTY	NGS USED OF DEATH? NO
morked or Item 18 shows ony injury, or other tre	- 1	PART 2. OTHER S  190. DATE OF OPE  210. ACCIDENT WAS  OR CONTRIBUTING ( If EITHER NOTIFY M  21d. INJURY OCC.)	IGNIFICANT  IGNIFI	CONDITIONS CC  CARCI  19b. COND  21b. TIME O HOUR A. UNICH  21e. PLACE (AT HOME, STE	ONTRIBUTING TO I	DEATH BUT  THE 11  OPERATIO  PARM, ETC.)	216 HOW INJURY OCCU Fell at 216 LOCATION STREET 6114 Summe	200 AUTOPSY?  YES NO RRED (ENTER NATURE OF Thome  CITY  CTY  CTY  CTY  CTY  CTY  CTY  CT	20b. IF YES, IN CERTIFY YES FINJURY IN ITEM 18, PA OR TOWN Camp	WERE FINDING CAUSES  ART I OR PART 2)  COUNTY  COUNTY	NGS USED OF DEATH? NO STATE
tem 18 shows ony injus	- 1	Couse 101, stunderlying co  PART 2. OTHER S  Fractul  19a. DATE OF OPE  21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY M 21d. INJURY OCCI  WHILE AT WORK AT  22a.1 certify the	UNDERLYING  CAUSE OF DE AEDICAL EXAMINE  UNRED  WORK  (1) (this hosp	CONDITIONS CC  CATE1  19b. COND  21b. TIME O HOUR A. UNKN  21e. PLACE (AT HOME, STR	ONTRIBUTING TO I	DEATH BUT  THE 11  OPERATIO  AND YEAR  19  FARM, ETC.)	216. HOW INJURY OCCU Fell at 216 LOCATION 5186ET 5114 Summe	200 AUTOPSY?  YES NO RRED (ENTER NATURE OF Thome  CITY To Octo	20b. IF YES, IN CERTIFY YES FINJURY IN ITEM 18, PA OR TOWN Camp	WERE FINDING CAUSES  ART I OR PART 2)  COUNTY  COUNTY	NGS USED OF DEATH? NO [] STATE  Tho (1) (we)
frem 18 shows ony injur	- 1	Couse 101, stunderlying co  PART 2. OTHER S  Fractul  19a. DATE OF OPE  21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY M 21d. INJURY OCCI  WHILE AT WORK AT  22a.1 certify the	UNDERLYING  CAUSE OF DE AEDICAL EXAMINE  UNRED  WORK  (1) (this hosp	CONDITIONS CC  CARCI  19b. COND  21b. TIME O HOUR A. UNICH  21e. PLACE (AT HOME, STE	ONTRIBUTING TO I	DEATH BUT  THE 11  OPERATIO  OPERATIO  OPERATIO  OPERATIO  NAME  N	21c. HOW INJURY OCCU Fell at 21f LOCATION STREET 6114 Summe 1979 The Tryy (our) opinion DEGREE	200 AUTOPSY? YES NO RRED (ENTER NATURE OF Thill Rd. Thill Rd. To Octo a deoth occurred on the	20b. IF YES IN CERTIFY YES ORTOWN Camp S he dote and hour	COUNTY CO	NGS USED OF DEATH? NO  STATE  Md  tho (1) (we) I  couses stoted  SIGNED
If Item 21 is morked or Item 18 shows ony injur	- 1	OLY COURT WAS OR CONTRIBUTING OF CONTRIBUTING	UNDERLYING  CAUSE OF DE  ACCIONAL EXAMINE  UNDERLYING  CAUSE OF DE  ACCIONAL EXAMINE  UNRED  WORK  (I) (this hosp  accional (did) (did of	CONDITIONS CORP. Carei  19b. COND  19b. COND  21b. TIME O HOUR A. UN KN 21e. PLACE (AT HOME, STE (itol) ottended th Oct. 1	ONTRIBUTING TO I	DEATH BUT  THE 11  OPERATIO  OPERATIO  OPERATIO  OPERATIO  NAME  N	21c. HOW INJURY OCCU Fell at 21f. LOCATION 51REET 6114 Summe 19.79 2though Truy) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO RRED (ENTER NATURE OF Thome  CITY To Octo	20b. IF YES IN CERTIFY YES ORTOWN Camp S he dote and hour	COUNTY CO	NGS USED OF DEATH? NO  STATE  S Md  tho (1) (we) 1 couses stated
giene prior to bu	- 1	PART 2. OTHER S  210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY M 21d. INJURY OCCI WHILE NOTIFY M 22d. Certify the Sow the dece	UNDERLYING  CAUSE OF DE AEDICAL EXAMINE  UNRED  WORK  (1) (this hosp cosed olive or a) (did) (did no	CONDITIONS CORP. Carei  19b. COND  19b. COND  21b. TIME O HOUR A. UN KN 21e. PLACE (AT HOME, STE (itol) ottended th Oct. 1	ONTRIBUTING TO I	DEATH BUT  THE 11  OPERATIO  OPERATIO  OPERATIO  OPERATIO  NAME  N	21c. HOW INJURY OCCU Fell at 21f LOCATION STREET 6114 Summe 1979 The Tryy (our) opinion DEGREE	200 AUTOPSY? YES NO RRED (ENTER NATURE OF Thill Rd Thill	20b. IF YES, IN CERTIFY YES FINURY IN ITEM 18, PA OR TOWN Camp S he dote and hour STAFF IYSICIAN	COUNTY CO	NGS USED OF DEATH? NO  STATE  Md.  stho(1) (we) 1 couses stoted SIGNED

5, 1931 1:100	10t. 1	de	imple	.9	small.	
	.89	1892		.ouel	elem S	
	rirce George		x	ABC	basi	MIL
rinting	herite.			Southern Per	inten	C1.
, br. 1.	611 . umrerhi	X.	populars	Gec. Carr	n.	***
Unknown		Sussina	rbrother	- ip'r	11X · 2 ·	
13	on arme as item	iny eters	-8 11-112 C.	577-	s e	ye
		railure	trasi evita	Conm		1
		1156286	matic Feart	Enry		
			gauf edt to	o, Carcinoma	La berutoers	
						15
		fa the				
81	Cotober	73	7,61	Cot. 13		
Cet. 15, 198			100		STATE OF	P
	Head digresy	9401 Indian			aryn Hasaf	
.511 .0.0	basit'u	Crematory	Cedar Hill	10/16/31	Cremation	
			. Uxon . fil.	.59 fft dox	onth selek .	4.0

	1.	FOR STATE			EPARTMENT OF		ND MENTAL			2 7	2	2.	3
- 275 U.S		REGISTRAR		WEL	DICAL EXAMI			OF DEATH	REG. NO	0.			
		CEASED NAME	FIRST		MIDDLE	LAS	ST	20 DA	TE KNOWN	MONTH			b. HOUR
PLEASE IRECTOR. UR FILES. P HOURS N STREET,	-	· · · · · · · · · · · · · · · · · · ·	Willi	am Cl	yde	Alle	en		TH MATED	10	20 19	81	M
R FILES HOUR STREET	3 SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN Y	EARS IF UNDE				MONTH	DAY		d. HOUR
22	Ma	ale	White		000 72	(RS.	DAYS HOURS		DUNCED E AD	10	21 19	81 3	Вр. м
2		IRTHPLACE (ST.	ATE OR	76. CITIZEN OF WH	AT COUNTRY?	8. MARRIED	□ NEVER MARR	9 BAL	TIMORE CITY C	OR COUN			-
Al		outh Car	rolina	USA		WIDOWED		_ //	neege	Ngs	20		MD
	10. C	ITY OR TOWN	OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOM	E, OR OTHER	INSTITUTION		CUPATION (TYP	E OF WORK		OF BUSIN	VESS
000	Bir	chwood	City	150	03 Colony	Drive		Securi	ty Gua:	rd		tired	
3		AL RESIDENCE (	IF IN NURSING HOME O		E RESIDENCE BEFORE ADMIS		d. INSIDE CITY LIMITS?	In CIRCL AD	DRECC				
33		Marylan	d Pri	nc Geo.	Birchwood	City	YES XX NO	13e STREET AD	Colony 1	Rd.			
-	14. F	ATHER'S NAME	49/	u Doug		15	MOTHER'S MAID						
6		Sim:	5	M.	Allen		Phe	be	MIDDLE		Bell	10.0	
	160.	WAS DECEASED	EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECURI	TY NO. 17	INFORMANT		Rt. 10086	x 238	}		- 1-
1		Yes, no, or unknow		WAR OR DATES)	251-64-50	)51	Marie Du		Davenpo:			a.	
ŧ		18. CAUSE OF	DEATH (Enter on	ly one cause per line						,	APPRO	OXIMATE INT	TERVAL
L. Livision C.		PART I DE	ATH WAS CAUSE		eriosclero	tic car	rdiovascu	lar dise	ease		BETWEEN	N ONSET AN	ID DEATH
Seign		429	2 IMMEDIA		AS A CONSEQUENCE	OF							
ED AS A BURIAL - TRANSII PERMII. HEALTH AND MENTAL HYGIENE, D AI, CREMATION, OR REMOVAL.			s, if ony, which	1									
OR		couse (a)	e to immediate stoting the <u>under</u> -	DUE TO, OR	AS A CONSEQUENCE	OF							
Ž,		lying caus	e last.	(4)									
AIG		PART 2 OTNER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE OF	R CONDITION GIVEN IN PA	ART 1 (a).					
REV	NO												
0 -	1	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION WAS	PERFORMED?				20 AUT	OPSY?	
JRA O	1 1										YES		NO
0 0	CERTIFICATION	210 EXTERNA		216 TIME OF		21c. HOW	/ INJURY OCCURRI	ED (ENTER NATURE C	OF INJURY IN ITEM 18	PART I OR PA			
OR T		UNDERLYING CONTRIBUTIN	□ OR IG □ CAUSE OF		MONTH DAY YEA	IK .							
TE DEPARTMENT OF HEA TO PRIOR TO BURIAL, C	MEDICAL	21d. INJURY O	CCURRED	21e PLACE O	FINJURY (AT HOME.	211. LOCA							
20	X	WHILE AT WORK	NOT WHILE	STREET, FACTO	DRY, FARM, ETC )	STRE	ΕT	CITYO	RTOWN	СО	YTAUC		STATE
0, 21201								ın X, Ingi	[X]				
HO				ge of the remains desc		Autapsy	, Inspection			nd in my of	pinian		
<b>S</b> ES		death resulte	d from: Natu	rol causes (1),	Accident	uicide,	Hamicide	Undetermine	manner,				
5 ≥ ₹		ACTUAL	Huge	10 XX	dianie	/	Deputy			DATE	10/	21/19	981
ATE,		SIGNATURE	1 my	The state of the s	Mary	M,D.	F J	MEDICAL E	AMINER	SIGNI	ED		
MO	7	EXAMINER'S	NAME Jugus	to P. Rod	righez, A.	D.	DRESS 5009 R	avburn (	ourt. T	emple	e Hil	Is. N	dd.
TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	22. 0		ION, REMOVAL		23c. NAME OF CE			23d LOCATIO		-mp I	- 1111	10, 1	
- Q D	230. E	SPEC#Y)	_	70/21/81	Con Work	Mod S	chool	Washi	neton n	COU	NTY	STATE	
	74. F	UNERAL DIRECT	oval	10/21/01	Geo. Wasi	i e rieu c	USo. DATE	REC'D. BY REGIS	TRAR 25b. REGI	ISTRAR'S	GNATUR	E	
7	-	NAME	Mort.S:	ADDRESS	225 Missou	ri Ave	. N. A.	CT 261	981 2	anes C	2	Marca	
15 ME (5))	1	OTUMOTS	F 110T 0. D.	Eves. Was	hington, D.	. COOT		Al An I	JU 1	THE PARTY	Contract of the last	THE OWN	

A CONTRACT OF THE PARTY OF THE standing the desiration of the TOO I was a first to the standing of the standard of the terms of





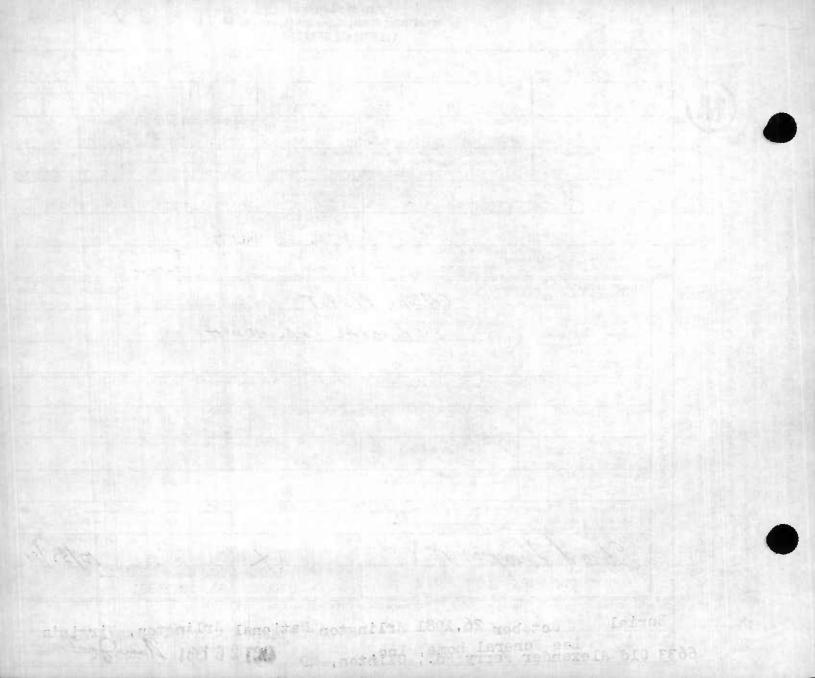
1-16-81 8:45	10	ASTORE	.м.	PLICE	
		301E 37E .nr	et et en		
OPPES COUNTY	PRINCE GE	X X	1.5.4.		n ha kog i y
continut	of freezewall	ERERAL HOSP.	RINCE GEORGES G	9	CHEVERLY
.003	.Mai Pi Aren.	z noi!	ners' s'	* *	Long land
mohte Wolfango E-AOS		Mith	doble		one of T
. It isot form		t profes	Wall and the		0.5

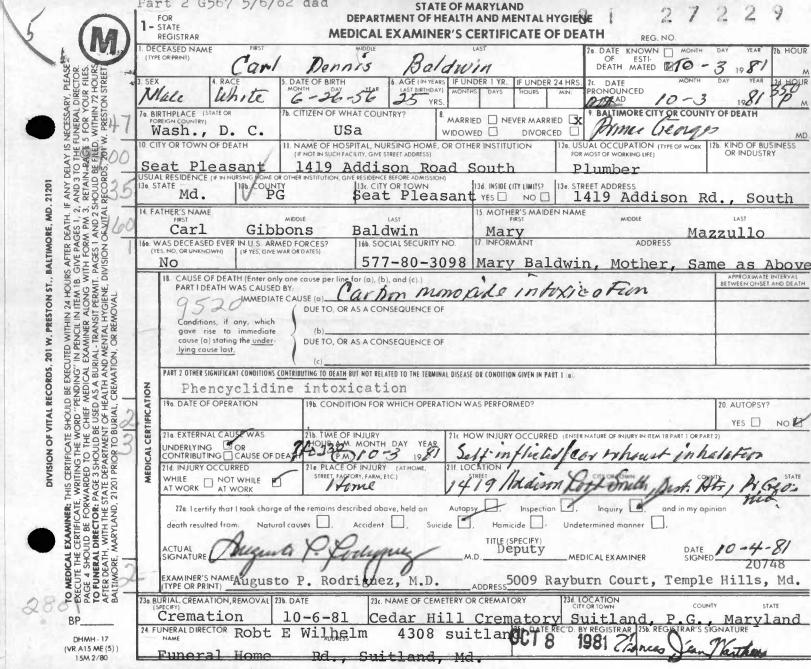
A THE SECOND STORY DAY AND STORY OF

			6
	nr rr on the state	al of	
		(iin) salsaus	
a Paris III			
The Paragraph of Auto-	The state of the same	A Page Total	
	T to a little		
(101), and stall turnion to the control			
No. of the court o			
destroy on the there's rectant			
USA NO DE REES OVER D			

Carolisation commy present souther Granded Sent normalial Property Congress was For his Common of left Brest. 16 92 101 18 22 3 10 92/11 10/27/81 3 A MOSTRAN 4235 39 W. On my 243/

12		1.	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8	REG. NO.	2 7	2	2 8
m -			CEASED NAME FIRST	MIC	DUE	l.	AST	20 DATE OF	DEATH MONTH	DAY	YEAR	2b HOUR
y be ge 3 eoth			LOIS RO	SE BAGBY	7			OCT	22. 198	1		12:35m
8		3 SE	X	4 RACE		5. DATE C		6. AGE INY	EARS LAST BIRTHDAY)		DER I YEAR	IF UNDER 24 HRS
9 EN	(1		FEMALE	CAUCASI	AN	DEC		57	V	RS.	DAYS	HOURS MIN.
9	1		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WI	HAT COUNTRY?	8.	D NEVER MARRIED		RE CITY OR COL		EATH	
deoth	9		SHINGTON D C	UNITED S	TATES	WIDOWE		PRINCI	E GEORGE	's co	IINTY	MD
er d	pei	10 €	ITY OR TOWN OF DEATH	11. NAME OF HO		IG HOME C	OR OTHER INSTITUTION	12a. USUAL	OCCUPATION	121	. KINDO	F BUSINESS OR
s of	128	ANI	DREWS AFB. MD				DICAL CENTER		K FOR MOST OF WORK	ING LIFE) IN	DUSTRY	VERNMENT
hour hour	T pe	USÜ 13a.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GI		ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET			0 00	VERNITEIVE
4ND 24 54 ould	30	4	100 000	CE GEORGE			YES NO		PRINCE	PLACE		
arthir orthir z sh	nine.	14. F/	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA			LENGE		
MAI well ond	\$00	SAN	MUEL W. BRASS		LASI		ALICE E.	WALKER	WIDDIE		LAS1	(
RE,	_		VAS DECEASED EVER IN U.S. AR		b. SOCIAL SECU	RITY NO.	17 INFORMANT		ldôrf MD	206	01	
IMORE oe exect	medico	NO	TES, NO OR UNKNOWN) (IF TES, GIV	E WAR OR DATES!	578-24-	1800	JANET R. FIE		85 Winds			F
SALT ote k sicio pers	t, the		18 CAUSE OF DEATH (Enter or	ily ane cause per lin					1121100		APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
on phy	even		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (0)	CARDI	AC K	PRREST CA	RDIAC A	ARREST			
orbo	otic		1509		S A CONSEQUE	NCE OF	ESOPHAGEAL C	ARCTNON	MΑ			
death death other ove co	E 00		Canditions, if any, which	(b)	8501	HOGE	ESOPHAGEAL C.	NOMH	7			
. PR	er t		gave rise to immediate cause (a), stating the	DUE TO OR A	S A CONSEQUE	NCE OF		- 4.0		106		STORY OF
thot thot d by sose	or oth		underlying cause last.	(c)				V 113				
RDS, 2 equires equires Then p to bur	injury, o	NOI	PART 2. OTHER SIGNIFICANT (	CONDITIONS CON	TRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	E OR CONDITION	I GIVEN IN	PART 1(o	
VITAL RECOI	shows ony	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTC	PSY? 20b. I NO I	F YES, WER ERTIFYING YES [	E FINDIN CAUSES	GS USED OF DEATH? NO
PHYSICIAN: T anding physici this certificate te buriol-transf	18 m 18 m		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NA	TURE OF INJURY IN ITE	4 18 PART 1 O	R PART 2)	
HYS ading	ō	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF			21f LOCATION		CITY OR TOWN		YINUC	STATE
DIVIS ING P r offer t Affer t	morked	2	WHILE NOT WHILE AT WORK	(AT HOME STREET	, FACTORY, OFFICE, F.	ARM, ETC )	SIRCET		CITORIOWA		501411	SIAIE
Spital or Spital or CTOR: A for use of Heal	21 15		220.1 certify that (1) (this hospi saw the deceased alive an above, (1) (we) (did) (did no	OCT 22	19	31, on	30 , 19_81 d that in (my) (our) opinion		CT 22 d on the date and		from the d	
0 9 0 90 3	± ± ±		22h SIGNATURE	hompson	ms		+		STAFF PHYSICIAN		2c. DATE S	22/81
O HOSPITAL eroined by the TO FUNERAL should be detromethed by the the State with the State	MPORTANT		220 PHYSICIAN'S NAME ITYPE'S EDWARD THOMP	SON, CAPT			ANDRE		W USAF M , MD 203		L CE	NTER
			BURIAL, CREMATION, REMOVAL SPECIFY)				EMETERY OR CREMATORY	23d. LOCA	OR TOWN	COUN	YIY	STATE
50   BP		DU	irial Oct	ober 26	.1981	Arli	ngton Natio	nal A	rlingto	n v	inni	nio
DHMH - 16 50M 1/ (VRA 15, 4)	81	24. FU	NAME Lee F	uneral	Hamageress .	T	256. DAT	E REC D. BY RI	1000	PRAR	4年61	Harlym
(VKA 15, 4)	66	<u>83</u>	Old Alexande	r Ferry	Rd	Clin.	ton, MD	5126	1981	week	1	12 Meno.





Co. por some sell intribute & Fage The state of the s Themes 14 to Medin Bridge Jed Str. All the Chapter of Self-theren.

10S21	10-30-81	RCL AY	u. BA	HOWARD J	
	100	,		attifi	
	PRINCE GEORGE'S			4 0 0	ntarztenna
it time N	name o'	JERAL HOSPITAL	ORGE'S GEN	PRINCE GE	CHEVERLY
	and onos vos fots		ntvo	ning house	Service al
7050		ariana a	e 11 Fa4	.5.	
	hust) I'll un back .	delle simul	1027 TOLO		
	Taran and Veganisa				
				. Legitary 1.	BENTAL THE

	63	7 1892	4.	Cauc.	9 I smalf
egro.	a) onto	x		USA	v.fotT
dest seem.	Section			fformo	effivetrack
crite m. at. 10	1922 54.	X	a. i elore	.09i .~	.64
ef iced		tmat	o farmed		XILEX.
( mat)	a emen ti	Oloria Cond	117-25-1673	enone	or

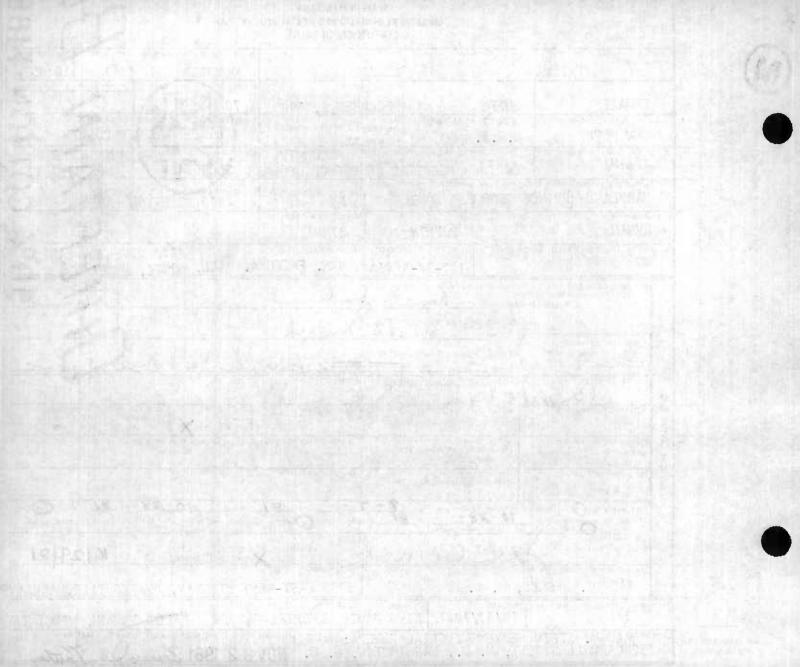
132-01、19日 - 日日日日 - 190-190-190-191-1 Pare Caucantan Pab. 37, 1745 77 Later to where Timerood souther was a common town to the common town to be a common town to the water tel contains forthwall brains marrands of contains Bergand Linkert Unitingtone was a second travial backers and the state of the later of the later of the later of the nichari a. do Jophania. 1620 34. Barradas Head det. 14, 1051 Frinhans Chares Co. Crecoville In lan As ald Missender Forry Md., Dilabon, As 1867 I'm Mar Land

1	500			MARYLAND	VOIENIE I	0 7	0 7 7
1.	FOR STATE		EPARTMENT OF HEAL		EDEATH	la 1	2 3 3
D	REGISTRAR CEASED NAME FIR	IRST	MIDDLE	LAST	20. DATE KNO	REG. NO.	DAY YEAR 26. HC
	PE OR PRINT)		N M T )	004410 44h	OF ES	TI-	10 00
3. SE		5. DATE OF BIRTH		Battle, 4th,		MONTH I	DAY YEAR 24 HC
1	Male Whit	te G-16.		NTHS DAYS HOURS	MIN PRONOUNCED	10-11	DAY YEAR 24 HO
	IRTHPLACE (STATE OR	7b. CITIZEN OF WH.	AT COUNTRY?		9 RAITIMOPE	CITY OR COUNTY	
	ennsylvahia	U.S.A.	THE RESERVE AND ADDRESS OF TAXABLE PARTY.	RRIED NEVER MARRI		Cooppole	Country
	ITY OR TOWN OF DEATH	11. NAME OF HOSP	ITAL, NURSING HOME, OR C		120 USUAL OCCUPATION		KIND OF BUSINESS
T.	anham	market a contract	ns Lane Apt-A	1	Ret. Bar T		OR INDUSTRY
USU	AL RESIDENCE (IF IN NURSING H	HOME OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION)	La Lambarda Const		011401	
		P.G.	Lanham	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	s Lane Apt	AT
	ATHER'S NAME			15. MOTHER'S MAIDE	NNAME	S Laire Apu	
n	FIRST	MIDDLE	Battle. 3rd.	Daisev	WIDDLE	Crute	hfield
16a.	WAS DECEASED EVER IN U.S		166. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS Addres	s Same as
E		Peacetime	578-01-6244	Lillian M		No # 1	
NO	Conditions, if ony, we gove rise to immer couse (o) stoting the use lying couse lost.  PART 2 DIHER SIGNIFICANT CONDI	ediate (b) DUE TO, OR A	IS A CONSEQUENCE OF	ASE DR CONDITION GIVEN IN PAI	ij 1 ( <b>a</b> ).		
ICATI	19a. DATE OF OPERATION	19b. CONDITI	ON FOR WHICH OPERATION	WAS PERFORMED?		1	D. AUTOPSY?
CAL CERTIFICATION	216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE	HOUR A.M.	MONTH DAY YEAR	HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IF	N ITEM 18 PART 1 OR PART 2)	YES NO
MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	71e PLACE O		OCATION STREET	CITY OR TOWN	COUNTY	Y STAT
	22a. I certify that I took	charge of the remains desc	ribed above, held an Aut	opsy , Inspection	Inquiry 🖸	ond in my opinio	on

	******	0.1.1.10	2 more of	
				X Jane
grames a California de la compania del compania de la compania de la compania del compania de la compania del compania de la compania de la compania del compan			.4.0,0	: (*
tel. ber Tomder Grdleon Me				
1-1-ink outlant a structure	27	undno.i		bantyre
ATAITHATHAT	Verici	. 4 1		Nosant
. of the	Canille	the management	enfooned.	2015
			N. S. Solgie	
against the Control of Local, Ed.	53.0	* • •	(Tada sar)	
nolyge .n.n. Smolring				
118 188 / 12/23/188	, DC	e elfländset.	A.A. H.A enoE	e forchis

CARROLL STREET, N. W., WASHINGTON, D. C.

(VRA 15, 4)



A company to	1-	500							MARYLAN			1	7	7	17	-3	Eng
	1-	FOR STATE					MENT OF					TH .	6 a		6.0	-	
-	1 DE	REGISTRAR CEASED NAME	FIRST		7712.6	MIDDLE	EXAMI	ILK 3	TAST	CATEO	TULA		REG. NO		DAY	YEAR	N 110110
m.ml		PE OR PRINT)							L. T. C.		4	OF I	ESTI-				2b. HOUR
1.)			Bernard			L.			kerton			DEATH M	ATED			981	M
1	3. SE	X	4. RACE	5. DATE OF	BIRTH	YEAR	6. AGE (IN YE	ARS IF U	INDER 1 YR.	IF UNDER		RONOUNCI	ED	MONTH	ĎAŸ	YEAR	2d. HOUR 9: 45
	-	ale	Cauc.	6	25	14		RS.				DEAD		10		981	a.M
4	7a. B	IRTHPLACE (ST DREIGN COUNTRY)	ATE OR	76. CITIZEN	OF WH	IAT COU	VTRY?	8. MAR	RIED NE	VER MARRI	ED 🗆	BALTIMO	RE CITY O	RCOUNT	Y OF DE	ATH	
1	W	ash B.C.		USA				WIDO	WED	DIVORC	ED 💢	Prine	e Geo	rge			MD.
0	10. C	ITY OR TOWN	OF DEATH	11. NAME (	OF HOSE	PITAL, NU	JRSING HOM STREET ADDRESS)	E, OR OT	HER INSTITU	TION		AL OCCUPATION OF WORKIN		OF WORK	12b. KINI	D OF BUS	SINESS
C	Hi	llcrest	Heights		26th	Ave	nue				Re	tired	O LIFE)		Bak		
		AL RESIDENCE (	IF IN NURSING HOME		JTION, GIV		E BEFORE ADMISS	ION)	had incide of	ITV LIMITCS	liza CTDE	ET ADDRESS					
1		Md.	Pr.	Geo.		Hil	lcrest	Hgh	TSYES X	NO 🗌	396	2 26t	h Ave				
	14. F.	ATHER'S NAME		WIDDLE			1407		15. MOTHE	R'S MAIDE	NAME	MIDD	u.e.			AST	
1		Harry		MIDDLE		Bic	kerton		M	ary		MIDD	LE			tzer	
1	160.	WAS DECEASED	EVER IN U.S. AF		?	16b. SO	CIAL SECURIT	Y NO.	17. INFORA				ADDRESS		-		
	1 "	NO	WN) (IF YES, GIVI	WAR OR DATES)		218-	01-350	1	Barba	ra Je	an Bi	ckert	on 39	20 2	5th	Ave.	
			DEATH (Enter o	nly one cause	per line	for (a), (b	), and (c), )								APPE	ROXIMATE	
		PARTIDE	ATH WAS CAUSE	D BY:			sclero	tic	cardio	vascu	lar d	liseas	e		BETWE	EN ONSET	AND DEATH
NA N		420	12 IMMEDIA	TE CAUSE (a)			NSEQUENCE					120000			1	-	
HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTON AL, CREMATION, OR REMOVAL.		Condition	s, if any, which														
- X	-		e to immediate stating the under	< ' '		A C A C C C C	NCE O LIEN CE	0.5		_					_		
		lying caus		DUE	10, OR /	AS A COI	NSEQUENCE	OF									
		DART A DANGE CO	different contents	(c)													
	z	PART Z D I MER SIG	NIFICANT CONDITIONS	COMIKIBUTING	D DEAIN B	UT NOT REL	ATED TO THE TERA	IINAL DISEA	ISE DR CONDITION	N GIVEN IN PAI	RT I (a).						
_	CERTIFICATION	190, DATE OF	OPERATION	LIAL	CONDITI	IONICOD	WHICH OPER	ATIONIA	ALA E DEDECOR	44ED2					Too		
2	5	110. DATE OF	OFERATION	190. (	LONDIII	ION FOR	WHICH OPE	KATION	WASPERFOR	MED?					20 AU	JTOPSY?	
-	1 2	al EVIEDNIA	CALICEVIAS		1115.05											s 🗆	но 🗶
3		UNDERLYING	L CAUSE WAS		IME OF JR A.M.	MONTH	DAY YEA	R 21c. F	HOW INJURY	OCCURRE	D (ENTER N.	ATURE OF INJUR	Y IN ITEM 1B P.	ART I OR PA	RT 2)		
	MEDICAL	CONTRIBUTIN	IG 🗌 CAUSE OF		P.M.		19										
	AED	21d INJURY O	CCURRED			OF INJURY		211 LC	STREET			CITY OR TOWN		COL	UNTY		STATE
	1	AT WORK	NOT WHILE [									/	/				
		22g Loortil	y that I took char	ge of the remo	ains desc	ribed ab	ove, held an	Auto	psy	Inspection		Inquiry	000	d in my op	ninion		
		death resulte	,	oral causes		Accident		icide [	Homic			rmined manr		a in my op			
		ueum resulte	A NOTE	nui cuoses L	0/	)	, 30	ucide [_			ongere	manr	iei L.				
		ACTUAL	Nugu	to X	K	400	Luci		TITLE (S	- /				DATE	17	0/8/	1981
3	1	SIGNATURE	Joseph	10/	1000	The	X		M.D	aug	MEDI	CAL EXAMIN	IER	SIGNE	D	20	748
1	- mand-	EXAMINER'S	NAME Augu	sto P.	Rod	rigu	ez, M.	0.	50	009 R	aybur	n Cour	rt. T	emple	e Hil	lls.	Md.
_	22- 5								ADDRESS_								
	23a.B	SPECIFY)	ION, REMOVAL		10.		NAME OF CE				23d. LOC			COUN		STA	
	24 5	UNERAL DIREC	rial	10/10	/81	E	t. Lin	COTU	Cemet	250 DATE D	Bre	ntwood	25h PEGIS	P.	ICHATII	Me	d
		STA SAE		O 7"	ADDRESS	70.7	A			OCT	3 10	REGISTRAR	(	1	on	N.L.	
	4	r. Vals	as 6160	UXON H	111	na.	uxon H	111,	Md.		9 10	010/4	MICEO	> an	1 kg	leans	

Fale Come. 6 25 1, 67

.A.G Steve

V 8 0 1 "

Text: Text Text Text

. eva Millorest Ments N 2002 Teth Ave.

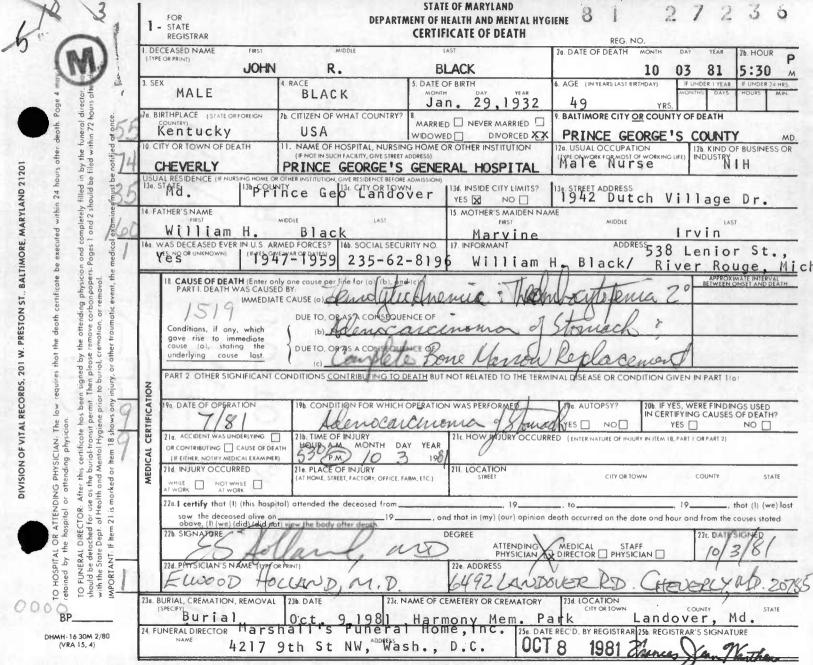
a mo . somire

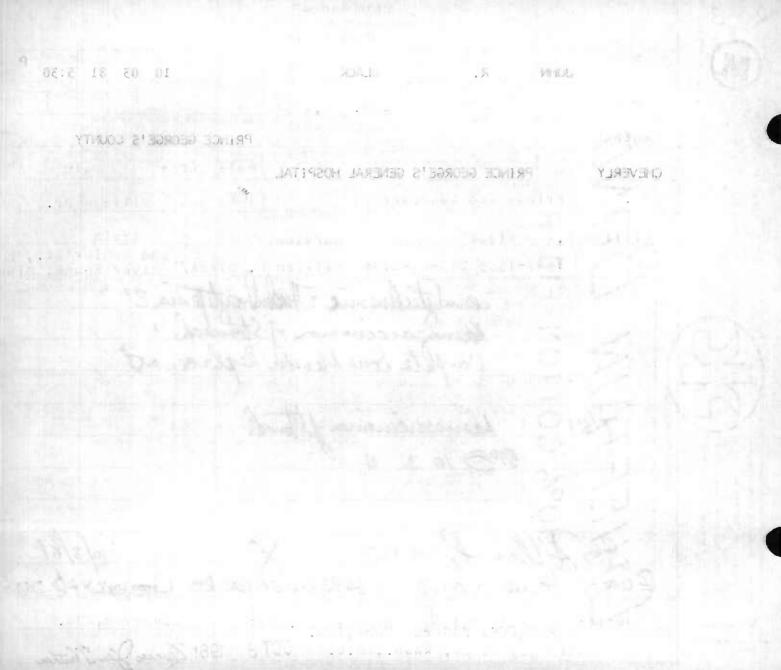
monting. lickertor hary

218-01-301 markers Jean Micher or 39:0 2 th vo.

Puring 10,10/81 t. Lincoln Cemetery Erentwood ... 17.

G.F. Melas 5160 Oron Fill Rd. Oron Fill, Fd.



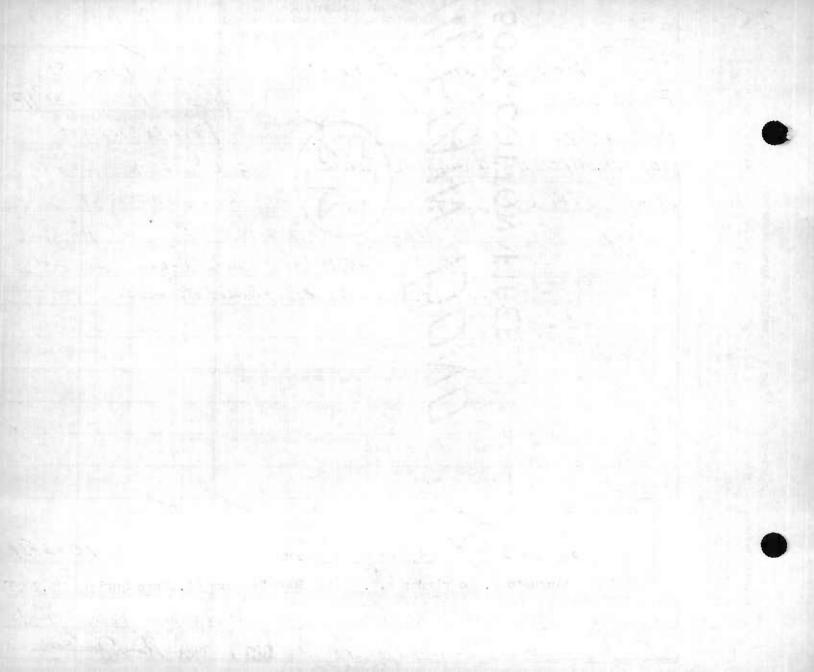


10 13 81 3:20		ALAIR	DOROTHY	
INCE GEORGE'S COUNTY			» 0 b	Mr. Elli
two de la company	dS	's GENERAL HO	PRINCE CEORGE	CHEVERLY
1 20 . 1.2 . 1 2 1 700				
	4			
. Par tro- (178 (sent car)				

LAYONT C. ROOSE 10-00-01 T:55AM PRIMOE GEORGE'S COUNTY CHEVERLY PRINCE GEORGE'S GENERAL HOSPITAL The series of th PLEFIONIA THYROTOXICOSIS

The state of the

5	-	STATE OF MARYLAND	739
	1-	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  STATE  AMEDICAL EXAMINERS CERTIFICATE OF REATH	lie V
-		REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.  LAST  TO DATE KNOWN TA MONTH	
(NA		OF PENT!	DAY YEAR 2b. HOUR
1	3. SEX		2 19 M DAY YEAR 2d HOUR
76	A	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	198/ 7PM
	7a. BI	RTHPLACE (STATE OR 7b. CITIZEN OF WHAT COLINTRYS IS 9 BALTIMORE CITY OR COLINTY	
0		MARRIED PREVER MARRIED Prince GRO	Va15
	lo Ci	TY OR TOWN OF DEATH / 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12	b. KIND OF BUSINESS
0	11	per May Dord 45 Laughton Street Asst. TANAGER -	OR INDUSTRY AT+T
25	13a_S	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3
2	77	THER'S NAME IS MOTHER'S MAILE NAME	>/.
A	14. FA	FIRST MIDDLE LAST FIRST 6 MIDDLE	1/LAST
10	160. V	HENRY LAS DECEMBED EVER IN U.S. ARMED FORCES?  166. SOCIAL SECURITY NO. 17 INFORMANT  ADDRESS	H199145
	{Y	1038-18-8435 Robert HAROLD BERRUSO S	August B
		18 CAUSE OF DEATH (Enter anly ane cause persine far (a), (b), and (c).)	APPROXIMATE INTERVAL
		PARTIDEATH WAS CAUSED BY: Hy per tousere Caren vouce de la Company de la	BETWEEN ONSET AND DEATH
		4029 ( DUE TO, OR AS A CONSEQUENCE OF	
Charles on remover.		Canditians, if any, which gave rise to immediate (b)	
		cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF	
		(c)	
	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COMDITION GIVEN IN PART 1 (a).	
_	CERTIFICATION	190. DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED?	
)	FICA	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
100	ERTI	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART )	YES NO W
5		UNDERLYING OR HOUR A.M. MONTH DAY YEAR	
	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211 LOCATION	
	¥	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COUN	TY STATE
	733	22a   Certify that   taak charge af the remains described abave, held an Autapsy   , Inspection   . Inquiry   , and in my opin death resulted fram: Natural causes   , Accident   , Suicide   , Hamicide   , Undetermined manner   ,	ian
	100	death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner,	
		ACTUAL SIGNATURE JUGUSTO F. Kerligue 3 M.D. Deputy MEDICAL EXAMINER SIGNED,	10-2-81
9		MEDICAL EARWHILE SIGNED	
O	3	EXAMINER'S NAME Augusto P. Rodriguez M.D. ADDRESS 5009 Rayburn Ct., Camp Spri	ngs Md.20031
BALTIMORE, MARYLAND, 21201 PRIOR TO BURIA	23a. B	JRIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	STATE /
	1	Buline 10-6-81 /Td. Ve terris Ceneter Che Itenham Proce	00. Id.
	24. FI	INERAL DIRECTOR  ADDRESS,	NATURE .
)	B	eall Funeral Home 16000 things is Rd. DCT 7 1981 hime of	
		130016116.	



cla case nareas all a ylica ince some outly cin el y senu en sel y se sn. = octo c neutrl [1][2] = i.c. = 1 co [2] [2] z ylin ince so. II o E, wei lone 577-37-37-31 terin . 072 0 - ife a calle.

and ct. 191 ac of o sets y minton a ylong 0.51) 0.51) 0.51.

STATE OF MARYLAND

		X	MEU	ervelso n
ritre ma ber te				
ICL20 Three Loctors Pd.	x	lapinge l	Jan In	.5
uscovio	Tornsin	foiroțeri		nthony
acre is item 13	doiveton vm	053-01-0620		on
AIN 21 Paring of Loub	di Sarah air	down to All The st		
		THE RESERVE TO SHEET THE PARTY OF THE PARTY		
pak of Padamount	armor G po			
Prahas Padamonth	armor G po	ided magness dared ward th	ACRI LON	nd index)
pak of the married	and ever lift,	ided magness dared ward th	Acid law	
Protest Padamonth	and ever lift,	ded parameth	Acid law	
pak of Padamonth and Andrew Co	and ever lift,	ded parameth	ACRI, SANK	

C.F. valas 6160 onen bill Ed. (xon Bill, +d.

FOR STATE		DEPA	RTMENT OF	E OF MARYLAND EALTH AND MENTAL	HYGIENE 8	1 2	7 2	4 2
REGISTRAR			CERTI	ICATE OF DEATH		REG. NO.		
1. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE		LAST	20. DATE OF	DEATH MONTH	DAY YEAR	2b. HOUR
(TITE OK PRINT)	SARA	В	F	ROOKE		10	01 81	3:15A
3. SEX	4. RACE			OF BIRTH	6. AGE (IN Y	EARS LAST BIRTHDAY)	IF UNDER 1 YEA	
Female	Cau	c.	MONT	31 11	70	YRS	MONTHS DAYS	HOURS
70. BIRTHPLACE (STAT	EOR FOREIGN 76 CITIZE	N OF WHAT COUNTR	XY? 8.	D NEVER MARRIED	9. BALTIMO	RE CITY OR COUN		
Georgia	US	A	WIDOW			e Ceorge		
10. CITY OR TOWN OF		E OF HOSPITAL, NUR	SING HOME	OR OTHER INSTITUTION	IZU. OSUML	JCCUPATION -	120. KIND	OF BUSINESS
Clinton	\$out.	hern Mary	land	Hospital	retir	FOR MOST OF WORKING	Reg.	Nurse
USUAL RESIDENCE (#	NURSING HOME OR OTHER INST	TUTION, GIVE RESIDENCE BEI		1 13d. INSIDE CITY LIMITS	S? 13e STREET A	DDDEES		
Md.	Pr. Geo.	Oxon H	111	YES NO		Oxon Hill	Rd.	
14 FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN				
Thoma		Bullo	ch	Dessi		WIGGE	Sing	letary
160 WAS DECEASED E	VER IN U.S. ARMED FOR		CURITY NO.	17. INFORMANT		ADDRESS		
no or unknown	none	578-58	-4672	R. Walter	Brooke S	ame as it	tem 13	
PART 2 OTHER  CAMBE  190, DATE OF OP	Obstruction	ONS CONTRIBUTING T	Eleva.	NOT RELATED TO THE T	TERMINAL DISEASE	les // of	SIVEN IN PART	huis
19a. DATE OF OP	S UNGERLYING 21b. T	IME OF INJURY		21c. HOW INJURY OC	YES 🗆	NO IN CER	TIFÝING ČAUSE YES 🗌	S OF DEATHS
0.0.00.00.00.00.00.00.00	CAUSE OF DEATH HOL	UR A.M. MONTH P.M.	DAY YEAR					
21d INJURY OCC	CURRED 21e P	LACE OF INJURY DME, STREET, FACTORY, OFFIC		211 LOCATION STREET		CITY OR TOWN	COUNTY	STAT
220.1 certify that saw the dec	t (I) (the hospital) attended asset alive on	9/30 19	00 11	nd that in (my) apir	, to	d on the date and h	, 19 <b>S</b> /	, that (I) <del>(we</del> e couses state
22b. SIGNATURE	) Kays	und	2	DEGREE ATTENDIN PHYSICIAI	MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DAI	1/8
	is Kaufman,	MD		22e. ADDRESS			1	
230. BURIAL, CREMATION (SPECIFY) Buri	23b. DA			emetery or cremato		TION OR TOWN THILL	COUNTY P.G.	Md.

DHMH-16 30M 2/80 (VRA 15, 4)

George P. Kalas 6160 Oxon Hill Res Oxon Hill,

CT 5 1981 Pances Can Mather

Seorgic USA

Seorgic USA

Md. Fr. Geo. Oxen 111 3 5699 (Non ill 20.

Thomas Pulloch Dessie Singletary

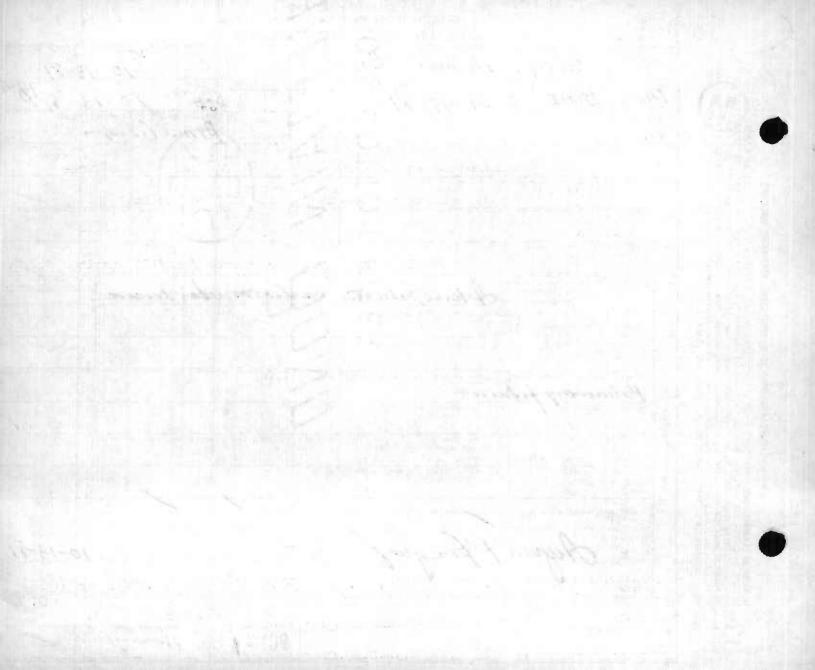
To none \$78-56-L672 % witer Procke Same as item 13

r. Louis Kaufman, MD

Burial '10/3/81 St. Ismatius Ch. Cem. Cron Hill Y.C. '6.

George P. Malas 6160 Cxon Sill Fd. Cxon Fill, Wd.

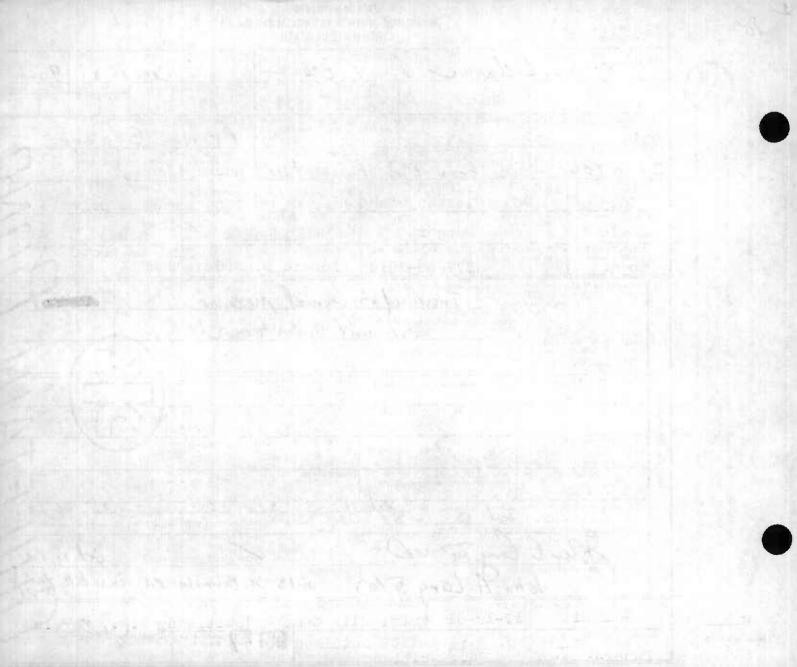
5	1-	FOR STATE		DEPARTMENT OF	HEALTH		PERENTH	2 7	2 4 3	
2000		REGISTRAR CEASED NAME FIRST (F.E. OV	7	MIDDLE OMAS	Brow	LAST	20. DATE KNOV OF ESTI DEATH MATE		DAY YEAR 26 HOU -/319 8/	R
	3. SE	have Black	5. DATE OF BIRTH		PAY) MONTH	DER 1 YR, IF UNDER	MIN. PRONOUNCED	MONTH	13 19 8/ P	× ×
1911	FC	RTHPLACE (STATE OR PREIGN COUNTRY)	US A	HAI COUNTRY?	MARRI WIDOW	ED NEVER MARR	- 1/20	Lorg	TY OF DEATH	ID.
MD. 21201 H. IF ANY DELAY IS N. 1, 2, AND 3 TO THE FULL A 3. RETAIN PAGE 15 25 SHOULD & FILED. TITLI RECORDS, 201 WA	М		Prince	SPITAL, NURSING HOA ACILITY, GIVE STREET ADDRESS Georges Ho	spita.		12a. USUAL OCCUPATION FOR MOST OF WORKING LIF Retired	Y (TYPE OF WORK	12b. KIND OF BUSINESS OR INDUSTRY None	
MD. 21201 H. IF ANY DI 1, 2, AND 31 M. 3. RETAIN 22 SHOULD-4		AL RESIDENCE (IF IN NURSING HOME TATE 13b. COUN d		13c. CITY OR TOWN District		13d. Inside City Limits?	13e. STREET ADDRESS 2122 County	Road		
mi 4047>// A		ATHER'S NAME FIRST Unknown	WIDDLE	LAST		15. MOTHER'S MAID FIRST Susan	WIDDLE	Johr	last n <b>son</b>	
IT., BALTIMORE,  OURS AFTER DEAT  18. GIVE PAGES  WITH FORM PA  AIT. PAGES I AND  E. DIVISION OF V.			RMED FORCES? E WAR OR DATES)	579-14-2		Mr. Stev	ADI en Brown/son/	ress 123 Han	nilton St.,N.	. W
201 W. PRESTONS UTED WITHIN 24 H IN PENCIL IN ITEM EXAMINER ALONG IAL - TRANSIT PERA OME OF REMOVAL	×	Conditions, if ony, which gove rise to immediate cause (a) stating the under lying couse last.	ED BY: ATE CAUSE (DUE TO, OF	FELLO PULLO R AS A CONSEQUENCE R AS A CONSEQUENCE	OF OF		NTS CLLGEN d	LICASE	BETWEEN ONSET AND DEATH	
N OF VITAL RECO CATE SHOULD BE: HE WORD "FENDI THE CHIEF AEDI THE TO BURIAL, CREA	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPE					20 AUTOPSY?  YES NO	_
BIVISION OF VITAL RECORDS, IS THIS CERTIFICATE SHOULD BE EXECT IE, WRITING THE WORD "PENDING" REWARDED TO THE CHIEF MEDICAL IS PAGE 3 SHOULD BE USED AS A BURS STATE DEPARTMENT OF HEALTH AND O, 21201 PRIOR TO BURIAL, CREMATIC	MEDICAL CE	UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJÜRY OCCURRED WHILE AT WORK AT WORK	DEATH P.A. 21e. PLACE	A. MONTH DAY YEA A. 19	21f. LO	OW INJURY OCCURRI	ED (ENTER NATURE OF INJURY IN I		UNITY STATE	_
TO MEDICAL EXAMINER: THE ERCUTE THE CERTIFICATE. A SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SITE BEALTIMORE, MARYLAND, 21		ACTUAL SIGNATURE AUG	ural causes I	Accident , s	Autop uicide M	Hamicide	Undetermined manner	and in my al	10-13-81	
PAGE A PA	23a.B	EXAMINER'S NAMEAUGU (TYPE OR PRINT)  URIAL, CREMATION, REMOVAL	23b. DATE	ODRÍGUEZ .		ADDRESS 5009	RATBURN C.		SPRINGS MID.	=
BP DHMH-17 (VR A15 ME (5)) 15M 2/80	24 F	urial UNERAL DIRECTOR NAME Ohn T. Rhines C	10-17-81 ADDRES	Harmon s 12th St.,N		AICT	REC'D. BY REGISTRAR 136	REGIST CASS	ich nut fen	



W)	1	Item 8 g561 11/1	0/81 gj	STATE OF MARYLAND	0 1 0	7 5 4 4
*	1	FOR - STATE		NT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE O 1 &	
/	1. D	REGISTRAR ECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	PAY 120YEAR 26. HOUR
8 26 /	(TYI	E OR PRINT)	SCAGGS	BROWN	Ottober / ]	7 8 10:30A
1 8 P	3 SI	X 4		. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ixx	-	MALE	WHITE	5 12 1900	8 / YRS.	MONTHS DAYS HOURS MIN.
	Zo. E	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	1 BALTIMORE CITY OR COUNT	Y OF DEATH
		ARYLAND CITY OR TOWN OF DEATH 11	NAME OF HOSPITAL, NURSING	VIDOWED DIVORCED	Prince George	MI
19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A	1	(IF NOT IN SUCH FACILITY, GIVE STREET AD	DRESS)	(TYPE OF WORK FOR MOST OF WORKING L	126. KIND OF BUSINESS OF
Tiled til bour	USU	JAL RESIDENCE (IF NURSING HOME OR OT STATE 139 COUNTY		Seltsville Hospita		KAILMO
2 By B	130	M) HOUNTY	- 4 . N / A		130. STREET ADDRESS	ss AVE
4 4 1 T	14 F	ATHER'S NAME	IDIF ASI	15. MOTHER'S MAIDEN NA	WE	
entro participant of the second of the secon	1/	MILLARD FIL	MORE BROW	IN ALICE	1/1RG-INIA	SCAGGE
and co		WAS DECEASED EVER IN U.S. ARME (YES, NO ORAIDIKHOWN) (IF YES, GIVE W.	AR OR DATES)	Y NO 17 INFORMANT	ADDRESS // 3	30 IZTH S;
C -		110	705 09	COIB HILDA	MERSON LA	FUREL MD
death certificate ending physiciar carbon papers. On, or removals. traumatic event,		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause portine for (g), (b), and (	and alxandre	1149 Amin	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death cer ending p carbon p on, or rer traumati		ETT 12 IMMEDIATE		cen monore	· WILLIAM	
		Canditions, if any, which	DUE TO, OR AS A CONSEQUEN	Fla Camer	of Live	
that the yy the att		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUEN	CEDELL I MALL	all and of Ro	
	П	underlying cause last.	( JO)	rupy run	WHUST 77 100	na
requires signed l en pleas to burial / injury,	z	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	VEN IN PART 1(a)
any any	CERTIFICATION	19g DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
: The I	F	No. All Parks			IN CERT	IFYING CAUSES OF DEATH?
NG PHYSICIAN: The inding physician. It the this certificate ha he burial-transit perm and Mental Hygiene arked or Item 18 sho	W W	21a ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONTH DAY	214 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18,	
PHYSIC ng physi this cert urial-tra Mental d or Itel	3	OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
NDING PHYSICI, attending physici, attending physici, at. After this certificas the burilal-trans alth and Mental H is marked or Item	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	A, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
D T A T T		AT WORK AT WORK		0 2 10	10.17	. 87
TE SE		22a I certify that (1) (this haspital saw the deceased alive ag	11 19 8	and that in (my) (our) apinian	death occurred on the date and ha	, 19, that () (we) law and from the causes stated
AL OH AT the hospital AL DIRECT ached for of EDEPT. of Item 5		abave, (1) (we) (did) (did (at) v	view the bady after deathy	DEGREE	/	22c. DATE SIGNED
TAL of the h		AMM	10 answ	ATTENDING PHYSICIAN I	MEDICAL STAFF	1077.8
SPIT d by NER be die ie Stu	1	224 PHYSICIANIS NAME HIPLOPH	mer)	220 ADDRESS	las and Ma	91 / D. 1.
TO HOSPITAL TO FUNERAL IS Shouth be directed with the State D IMPORTANT: 1		16611	anejwala	2 14201 X	anne pa	Char 'Xul
	230	BURIAL, CREMATION, REMOVAL	2	ME OF CEMETERY OR CREMATORY	236 LOCATION CITY OR TOWN	COUNTY STATE
BP	24 1	BURIAC	OCT20 1981 6	MMANUECON	M SEA SECULIA	HARSIGNATURE
DHMH-16 25M (VRA 15, 4) 1/79	j	NAME DIRECTOR	F. ADDRESS	1		2 SIGNATURE
, , , , , , , , , , , , , , , , , , , ,	-	NO EDDE ON	IUNERAL P	tome MD		

; I, I, iI i = XX Andrews and the Asset of the first of the first of the same A the same of the sa TANK AND AND THE SERVE STATE OF THE SERVE STATE OF

XX	1.	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND  MENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH	YGIENE 8 1 2	7 2 4 5
y be	(TYP	CEASED " ME FIRST	Ludwha	V. Brown	20. DATE OF DEATH MONTH	DAY YEAR 16. HOUR 15 81 9:524 M
ge 4 mc	3. SE	x Female	White	5. DATE OF BIRTH NOV. 19 DAY 19 11	6. AGE (IN YEARS LAST BIRTHDAY)  69  YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
eoth. Pogg		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY  USA	? 8 MARRIED □ NEVER MARRIED □ WIDOWED ▼ DIVORCED □	Prince 6	EDRGES MD.
201 is offer of field with	C	LINTON	Southern "	12 MOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII HOUSEWIFE	126. KIND OF BUSINESS OR
LAND 215	13a :	Md.	or other institution, give residence before INTY PG  13t. CITY OR 10' Brandy	wine   13d. INSIDE CITY LIMITS?	7805 Earnsha	w Drive
maryla	L	udwick	Heeger .	15. MOTHER'S MAIDEN N Philan		uss
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours a sysician and completely filled in thy apers. Pages 1 and 2 shauld be fill wol.  11, the medical examiner must be		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? IVE WAR OR DATES)  577-05-		Same as L. Brown, Son	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALL NG PHYSICIAN: The law requires that the death certificate otheraling physician. Hate this certificate has been signed by the attending physicis she burial-transit permit. Then please remove carbonappes thand Mental Hygiene prior to burial, cremation, or removal, orked at Hem 18 shaws any injury, ar other traumatic event, the	No	Conditions, if ony, which gove rise to immediate cause (D), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	segnoracianal pence of current (rain)		BETWEEN ONSET AND DEATH  BETWEEN ONSET AND DEATH  MC  (EN IN PART 1(o)
AL RECOR	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S NO
ION OF VITAL HYSICIAN: The adding physical his certifications the Mental Hygie or frem 18 sho	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.M. MONTH (ER) P.M.	PAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18. F	PART I OR PART 2]
DIVISION DING PHY ar offer this e os the bu alth and M morked or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DR ATTENDI b hospital an INECTOR: A ched for use pept. of Heal		saw the deceased alive a	otal) attended the deceased from 19.01. 13.01. 19.0	DEGREE	on death occurred on the date and hou medical STAFF DIRECTOR PHYSICIAN	19 or ond from the couses stoted  22c. DATE SIGNED  OCL. 15, 198/
TO HOSPITAL of retained by the TO FUNERAL IS should be deton with the State [IMPORTANT: If		22d. PHYSICIAN'S NAME (THE	ohn A. Lang,	Tu, 100 3618	St. Bainalas Rd,	Dean Hill, Med
1000 BP	23a	BURIAL, CREMATION, REMOVA (SPECIFY Burial		name of cemetery or crematory dar Hill Cem.	Suitland P.	COUNTY STATE STATE
DHMH- 16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR Robt Funeral Home	E Wilhelm ADDRES	308 Suitland	AT 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	APP SONATURE



THE STATE OF THE S Indicated a Transfer of the South of the Sou THE BY THE BOY OF THE SAME STATE OF SAME SHARE The supplied the testing of the supplied that the supplied the supplied the supplied that the supplied the su NO CONTRACTOR SHOPE WAS AND THE NAME OF THE PARTY OF THE The state of the s The part of the color of the co 

	I. DF	REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.  2a DATE OF DEATH MONTH D	PAY YEAR 12b. HOUR
-		OR PRINT) WILL	TΔM	BURROW JR.		20 81 1:17A
m	3. SE		4. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
(A)		MALE	BLACK	FEB. 11 1928	53 YRS	AONTHS DAYS HOURS MIN
-		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED 2 NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
tifie	-	NNESSEE	USA	WIDOWED DIVORCED	S1 M	
ust be no	Į, T	CHEVERLY	PRINCE GEORGES	GENERAL HOSPITAL	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE OPERATING ENG.	126. KIND OF BUSINESS O INDUSTRY  ASPHALT
Ser m	13a S	AL RESIDENCE (IF NURSING HOME) TATE ISD CO		VN 134 INSIDE CITY LIMITS?	130 STREET ADDRESS 4903 ADDISON ROA	4D #301
cal exar		THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	LAST
medic	láa V	ILLIAM BURROW VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	IKNOWN ADDRESS 400	03 ADDISON RD.
the			GIVE WAR OR DATEST 414 22	9590 KATHERINE V.	Д	P.HTS MD. #3
event,			only ane cause per line far (a), (b), a		20111011	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
traumatic e		PART I DEATH WAS CAL	USED BY: Sebbicemo	. ///		10 Days
		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU	JENCE OF 2º Alexandre	Pin Decare	2 144 2
ıjury,	z	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	EN IN PART 1(a)
any injury,	ATION	PART 2 OTHER SIGNIFICAN	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTÓPSY? 20b. IF YES,	, WERE FINDINGS USED
shows any injury,	TIFICATION			OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY	
Item 18 shows any injury,	CAL CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH  GENTAL VANIA  10 216. TIME OF INJURY HOUR A.M. MONTH D	HOPERATION WAS PERFORMED SEAL BLEWING 1216 HOW INJURY OCCUR	200 AUTOPSY? 20b. IF YES, IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH? 5 NO
n 18 shows any injury,	MEDICAL CERTIFICATION	190 DATE OF OPERATION 10 - 13 - 8-1 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIL 21d, INJURY OCCURRED	196. CONDITION FOR WHICH  GENTAL VANIA  10 216. TIME OF INJURY HOUR A.M. MONTH D	HOPERATION WAS PERFORMED  SEAL Blueding  216. HOW INJURY OCCUR  19	200 AUTÖPSY? 200 IF YES IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
lental Hygiene prior to burial, or Item 18 shows any injury,		19a DATE OF OPERATION 10 - 13 - 8 1  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHY MEDICAL EXAMI 21d. IN JURY OCCURRED  WHILE NOTWHILE AT WORK  22a I certify that (1) (this he saw the deceased alive	19b. CONDITION FOR WHICH  GENTY VAST  21b. TIME OF INJURY HOUR A.M. MONTH D.M.  21a. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	HOPERATION WAS PERFORMED  REAL Bleeding  DAY YEAR  19  216 LOCATION  STREET  19  217 LOCATION  STREET	200 AUTOPSY?  200 IF YES IN CERTIFY  YES NOTE: YES  RED (ENTER NATURE OF INJURY IN ITEM 18, PA	, WERE FINDINGS USED YING CAUSES OF DEATH?  5 NO ART 1 OR PART 2]  COUNTY STATE
Dept. of Health and Mental Hyglene prior to burial if Item 21 is marked or Item 18 shows any injury.		19a DATE OF OPERATION 10 - 13 - 8 1  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHY MEDICAL EXAMI 21d. IN JURY OCCURRED  WHILE NOTWHILE AT WORK  22a I certify that (1) (this he saw the deceased alive	19b. CONDITION FOR WHICH  GOSTOL VOTO:  21b. TIME OF INJURY HOUR A.M. MONTH E P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,  spital) attended the deceased from.	HOPERATION WAS PERFORMED  CEAL Bleeding  DAY YEAR  19  216. HOW INJURY OCCUR  STREET  19  217 LOCATION  STREET  19  218 LOCATION  STREET  DEGREE  ATTENDING	200 AUTOPSY?  200 IF YES IN CERTIFY YES NOTE: YES YES  RED (ENTER NATURE OF INJURY IN ITEM 18, PA	, WERE FINDINGS USED YING CAUSES OF DEATH?  5 NO ART 1 OR PART 2]  COUNTY STATE
Dept. of Health and Mental Hyglene prior to burial if Item 21 is marked or Item 18 shows any injury.		190 DATE OF OPERATION  10 - 13 - 8-1  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  270.1 certify that (1) (this has say the deceased alive obove, (1) (me) (did) (due obove, (1) (me) (did) (due	19b. CONDITION FOR WHICH  GOSTOL VOTO:  21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,  spital) attended the deceased from, on 19  19  19  10  10  10  10  10  10  10	HOPERATION WAS PERFORMED  SECOL Bleeding  21c. HOW INJURY OCCUR  19  21f. LOCATION STREET  21f. LOCATION STREET  21f. LOCATION STREET  ATTENDING PHYSICIAN [ 22e. ADDRESS	200 AUTOPSY?  200 IF YES IN CERTIFY YES NOTE: YES IN CERTIFY YES OF INJURY IN ITEM 18, PA  CITY OR TOWN  death accurred an the date and hour  MEDICAL STAFF DIRECTOR PHYSICIAN	WERE FINDINGS USED YING CAUSES OF DEATH?  IND ART 1 OR PART 2]  COUNTY STATE  TO ART 1 (I) (WA) Ic or and from the causes stated 22c. DATE SIGNED
th and Mental Hygiene prior to burial. marked or Item 18 shows any injury.	WEDICAL MEDICAL	19a DATE OF OPERATION  10 - 13 - 8 1  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI)  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMI  22a Certify that (1) (this has say the deceased alive above, (1) (me) (did) (due)  22b. SIGNATURE	19b. CONDITION FOR WHICH  COND	HOPERATION WAS PERFORMED  SECOL Bleeding  21c. HOW INJURY OCCUR  19  21f. LOCATION  STREET  10 12 19 8-6  and that in (my) (euc) apinian  DEGREE  M)  ATTENDING PHYSICIAN [	200 AUTOPSY?  200 IF YES IN CERTIFY YES NOTE: YES IN CERTIFY YES OF INJURY IN ITEM 18, PA  CITY OR TOWN  MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY STATE  COUNTY STATE  COUNTY STATE  19 21, that (1) (wa) lore and from the causes stated  22c. DATE SIGNED

10 20 61 1:1)	.96 109 J	HILLIAM
PRINCE GEORGES!		
	GES GENERAL HOSPITAL	CHEVERLY PRINCE GEOR
		. in the same of t

,	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 7 2	4 8
	- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	DECEASED NAME FIRST Makemer MIDDLE LAST Carroll 20. DATE KNOWN DONTH DAY OF ESTI-	YEAR 26. HOUR
1	Makemer Carroll DEATH MATED 10-9	198/ M
7	EX S. DATE OF BIRTH  S. DATE O	19 8/ 630 M
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF	DEATH
100	The state of the s	MD.
Z	F NOT IN SUCH FACULTIVE DAY SPREET AFORESS) FOR MOST OF WORKING LIFE)	ind of Business in Industry
	UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE   136 COUNTY   136. CITY OR TOWN   136. INSIDE (ITY LIMITS?   136. STREET ADDRESS	2,10,00
	aryland Prince George Fairmont Hts. YES NO 0 802 58th Avenue	
7	FATHER'S NAME FIRST MIDDLE LAST  15. MOTHER'S MAIDEN NAME FIRST MIDDLE  LAST  MIDDLE	LAST
	INK  WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO, OR UNKNOWN)   (IF YES, GIVE WAR OR DATES)  16b. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. INFORMANT	
	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  10 Ster Mother  10 Ster Mother  217 54 9531 Lottie Thompson 802 58th Ave Wa	sh DC20027
	Conditions, if any, which gave rise to immediate couse (a) stating the <u>under-lying couse last.</u> DUE TO TRAS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF	
1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20.	AUTOPSY?
	CONTRIBUTING CAUSE OF DEATH P.M. 19  71d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME.  WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COUNTY	STATE
	22e. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry ond in my opinion death resulted from: Natural causes Accident, Suicide, Homicide Undetermined manner,  TITLE (SPECIFY)  Deputy MEDICAL EXAMINER DATE SIGNATURE MEDICAL EXAMINER SIGNED	0-10-81 20748
7	(TYPE OR PRINT) Augusto P. Rodriguez, M.D. ADDRES 009 Rayburn Court, Temple Hi	lls, Md.
23	Burial 10/14/81   236. NAME OF CEMETERY OR CREMATORY   138d. LOCATION   1390 COUNTY   1300 COUNTY	yland
	FUNERAL DIRECTOR 1256. DATE REC'D. BY REGISTRAR 130. REGISTRAR 5.5 MA	TURE .
A	LEXANDER S. POPE-2617 Pass Avenue, S.E. Wash., DOCT 1 5 1981	

Light to the state of the state

Testina - Lavier Lavier

The first of the second states of the second states

Land to the Company of the land to the land.

The state of the s

6			FOR	3/81 gj	S DEPARTMENT (		MARYLAND H AND MENT	AL HYGIE	de i	2 7	2	4	9
V			STATE REGISTRAR	M	EDICAL EXAM	INER'S	CERTIFICAT	E OF DEA	ATH REG	G. NO.			
			CEASED NAME FIRST		MIDDLE		LAST		Ze. DATE KNOW	N TV MONTH	H DAY	YEAR	2b, HOUR
10 V	3 8 8 8 F.			mklin	Jennings		Carter		OF ESTI-	0 0 10	29 1	9 81	AA
	FILE	3. SEX		5. DATE OF BIRT	TH. 946 6. AGE	NYEARS IF U	NDER 1 YR. IF UI	NDER 24 HRS.	2c. DATE	MONTH		YEAR	24 HOUR 6:35
	NS TO S	N	Male White	Dec. 2	10 1246 6. AGE (1) 10 10 10 10 10 10 10 10 10 10 10 10 10	YRS.	THE DAYS HOU	RS MIN.	PRONOUNCED DEAD	10	29	9 81	D: 33
I E	SSA SAL EST	70. BI	RTHPLACE (STATE OR	7b. CITIZEN OF	WHAT COUNTRY?	8. AAAB	RIED NEVER A	AARRIED []	9. BALTIMORE C	TY OR COU			711
	S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. E) WITHIN 72 HOURS		Washington, DC	USA				VORCED XX	Prince	George	e's C	ounty	/, MD.
	Y IS	10. CI	TY OR TOWN OF DEATH	(IF NOT IN SUCE	OSPITAL, NURSING HO	5S)		FOR	UAL OCCUPATION			D OF BUS	
40.0	PA PA PA		aurel		Laurel/Bel		le Hospi	tal m	eatcutte	r	groc	ery	store
	RE, MD. 21201  EATH IF ANY DELAY IS NETED IN A REPAIR PAGE 5  AND 7 SHOULD BE FILED, VENTAL FEED, VENTAL FEED, VENTAL FEED IN PAGE 5	13a. S1	IL RESIDENCE (IF IN NURSING HOME TATE T3b. COUT Pg	OR OTHER INSTITUTION NTY	13 CITY OR TOW Laurel	NSSION)	13d. INSIDE CITY LIM	1381 G	Fairlaw	n Aven	ue		
1913	SE, MD.	.+14, FA	THER'S NAME Marion Je	ennings	Carter		15. MOTHER'S A FIRST Mary	Lou	Baden		LA	ST	
	TIMORE FEE DE FORM ES PORM ES	16a W	VAS DECEASED EVER IN U.S. AL	RMED FORCES?	16b. SOCIAL SECU	IRITY NO.	17. INFORMANT			RESS		-	
12.0	URS AFTER DE B. GIVE PAGE WITH FORM IT. PAGES 1A DIVISION OF	ye:	1.964	E WAR OR DATES)	578 60 8	776	Mary Lo	u Holt	same as	above			
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, ITHIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEA E, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES SWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PRACE 3 SHOULD BE USED AS A BURIAL- TRANSIT PERMIT. PAGES 1 AN STATE DEPRARMENT OF HEATTH AND MENTAL HYGIEINE, DIVISION OF, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSI	ED BY: ATE CAUSE (a)	Gunshot V	ound	Right Ten	mple	(handgu	1)	8ETWE	ROXIMATE I	NTERVAL AND DEATH
	W. PRES WITHIN MINER Y TRANSI NTAL HY	-	Canditians, it any, which gave rise to immediat cause (a) stating the <u>under</u>	e / (b)	OR AS A CONSEQUEN	CE OF							
	EXAL-		lying cause last.	(c)									
	ECORDS, 201 N BE EXECUTED NDING" IN PR AEDICAL EXAM AS A BURIAL - ALTH AND MEI ALTH AND MEI CREMATION, C	NOI	PART 2 OTHER SIGNIFICANT CONDITION		NTH BUT NOT RELATED TO THE	TERMINAL DISEA	SE OR CONDITION GIVEN	IN PART 1 (a).					
	AITAL RESHOULD ORD "PE CHIEF A E USED Y TOF HE URIAL, O	CERTIFICATION	19a. DATE OF OPERATION	19b. CON	DITION FOR WHICH C	PERATION	WAS PERFORMED?				(hê	TOPSY?	nly)
100	OF HE WENT OF THE	ĕ	210. EXTERNAL CAUSE WAS	21b. TIME	OF INJURY	FAR 21c. H	OW INJURY OCC	URRED (ENTER	NATURE OF INJURY IN IT	EM 18 PART 1 OR I	PART 2)		
	ISION ING TH ISHOU EPART/ PRIOR	MEDICAL.	CONTRIBUTING CAUSE OF	DEATH 5:00	P.M. 10 29 19	81 s	ubject st	not him	self				
	VISA 3 SF DEP	AED	21d. INJURY OCCURRED WHILE DOT WHILE	STREET 6	E OF INJURY (AT HOM ACTORY, FARM, ETC.)	21f. LG	CATION STREET	- 1	CITY OR TOWN		OUNTY		STATE
	WR WR AGE	1	AT WORK AT WORK	XI STREET,	Home		O Fairlay	wn Ave.	.Laurel ,	Prince	Geor	ge's	Co.,
	ATE, ORV		22a. I certify that I taak char	ge of the remains	described abave, held o	nly)	psy XX, Insp	ection .	Inquiry .	and in my	apınıan	Mo	d.
	MANN BE F		death resulted fram: Note	ural causes	Accident,	Suicide X	Hamicide [	. Undet	ermined manner	<u> </u>			
	EXA DICOERT WAR		ACTUAL	7	1		TITLE (SPECIF	Y)		DATI	. 1	0 <b>–</b> 30-	0.1
10000	REAL PROPERTY		SIGNATURE WYSIM	ia L	Colon		M.D. Assis	I an I MED	ICAL EXAMINER	SIGN	VED	0-20-	-01
	TO MEDICAL EXAMINER: THIS CELEXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3. AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P	-	EXAMINER'S NAME (TYPE OR PRINT) VI	rginia L	. Dolan, M.	D.	_ADDRESS	III Pe	nn Stree	t			
- 12	PATO PETO —	23a. Bl	JRIAL, CREMATION, REMOVAL		23c. NAME OF	CEMETERY	OR CREMATORY	23d. LC	DCATION				
110	3 BP			Nov.2,19	81 Ascens	ion C	emetery	Bo	wie, Mary	Tanu	YTAUG	5TA	16
0.	DHMH - 17	24 FU	INERAL DIRECTOR	ADDR	ESS TA.	ма	25a. D		REGISTRAR 25b.		SIGNATU	RE	
	(VR A15 ME (5) ) 15M 2/80		Donaldson Fun	eral Hom	e, rarer,	MG	INC	JV 5	1981 Tra	uso V	un The	Ther	

Parliment Maria = Section 15 (15 ) 15 (15 ) 15 (15 ) 15 (15 ) 15 (15 ) 15 (15 ) oto ter ter star store ration . engines . auter STORE SE DESCRIPTION OF THE STORE AND THE SECOND metra itom, i, link Americaine uniteen of the arribus Constituted the series of the series of the constitute of the series of

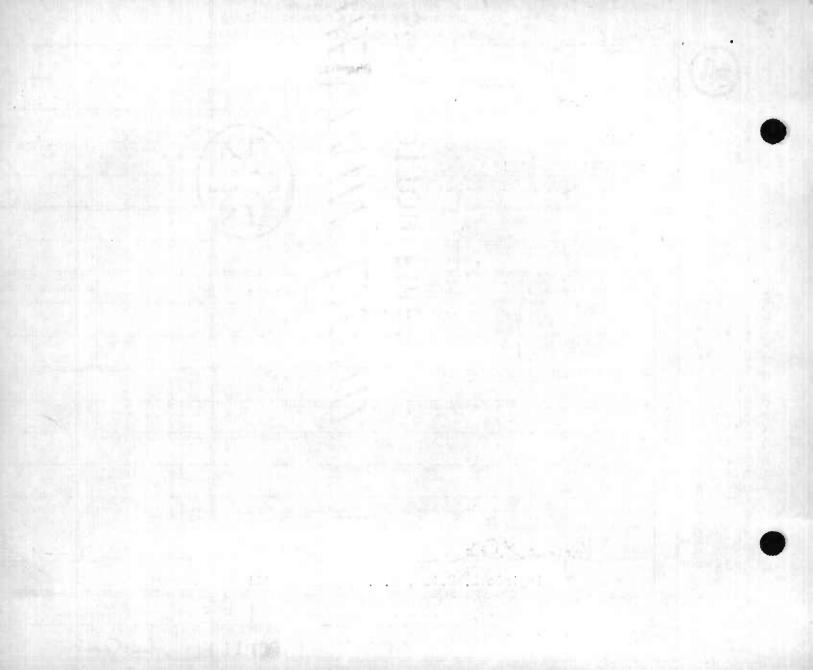
DESCRIPTION OF THE PROPERTY OF 001 8 1881 Star Star

STATE OF MARYLAND

Hew York U.S.A. Engineer F. S. T. Maryland P. C. Bowle 12819 Whitchell Dive Frecerick Chaffee Myrele Ch miners SCALE, MARKINE 129-20-3704 Eileen P. Chaffee. 12419 WhiteHall T sold at participal of a A COLUMN THE WAY TO SEE THE SECOND TO SECOND THE SECOND A 15 o z and - z a company 

Burial Oct I, 1981 St. Marys Com. Chonena Co., New York Beall Funeral Hone 16000 Annacolis Be., Bauie, Maryland

2	FOR STATE	#10a=22a r		DEPARTMENT	OF HEALTH	AND MENTAL	OFPEATH	2 7	2 5	2
(A)	REGISTR  1. DECEASED  (TYPE OR PRINT	NAME FIRST		AURICE		bers	20. DATE KNO OF ES DEATH MA	TI-		2b. HOUR
ON THE PER	Male	4. RACE Black	5. DATE OF BIRTH	1 981 LAST	E (IN YEARS IF UN F BIRTHDAY) YRS. MONTH	DER 1 YR. IF UND	ER 24 HRS. 2c. DATE PRONOUNCED DEAD	10		2d HOUR 9:00 a.m
L HONERAL S FOR Y W. PRESTI	WASH,	DWN OF DEATH	USA	'HAT COUNTRY?	WIDOW		RRIED 1	George '		
ORE, MD. 21201  2 DEATH. IF ANY DELAY IS AGES 1, 2, AND 3 TO THE PRAME PROFES IN 2 AND 10 THE PROFES IN A PAGE IN A	Oxor	HILL	(IF NOT IN SUCH F	ny Avenue	DRESS)	EK INSTITUTION	FOR MOST OF WORKING NONE		OR INDUSTR	
D. 21201 F ANY 2, AND 3. RETA PECOF	MARY LA	ND PRI		S 130XDUS H		13d. INSIDE CITY LIMITS? YES NO [ 15. MOTHER'S MAI	□ 2513 LARRY	AVENUE		
CORE, M	ROGE	RS EASED EVER IN U.S. A	ARMED FORCES?	CHAMB		JAMATH	HEL MIDDLE		SHAW	
RS AFTER SOLVE P. GIVE P. PAGES	(YESMOOR	JSE OF DEATH (Enter	ONLY ONE COUSE DOC IN	NONE		JANATHEL	W SHAW 2513 <sup>A</sup>	LARRY A	APPROXIMATE	INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120* WER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY CATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18, GIVE PAGES 1, 2, AND FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETA OR: PAGES 3 HOULD BE USED AS A BUSING PREMIT. PAGES 1, AMD 2 SHOUL HE; TAGES SHOULD BE USED TO FHEATTH AND MENTAL HYGIEINE, DIVISION OF WEAT RECO	PAF Co go	TI DEATH WAS CAUS	SED BY:  IATE CAUSE (a)  OUE TO, Of  the  OUE TO, Of	Sudden In	ence of	ath Syndr	ome		BETWEEN ONSE	AND DEATH
I RECORDS, 1  JUD BE EXECU "PENDING"   "PENDING"   PASA BURI HEALTH AND HEALTH AND		THER SIGNIFICANT CONDITION		BUT NOT RELATED TO 1			PART 1 (a).		20. AUTOPSY	
ON OF VITAL IFICATE SHOL STHE WORD TO THE CHE HOULD BE USE ARTMENT OF ORTO BURIA		TERNAL CAUSE WAS LYING OR IBUTING CAUSE C	F DEATH P./	M. MONTH DAY	YEAR		RED (ENTER NATURE OF INJURY I	N ITEM 18 PART 1 OR P	YES 💢	NO [
NA A A K II	21d. IN. WHILE AT WO	URY OCCURRED NOT WHILE AT WORK		OF INJURY (AT H CTORY, FARM, ETC.)		CATION	CITY OR TOWN	c	OUNTY	STATE
TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM AFTER DEATH, WITH THE SITE BALTIMORE, MARYLAND, 2		Unain	orge of the remains de structural couses X,	Accident ,	Suicide	Namicide Title (SPECIFY)  D. Assista	Undetermined manne	DATE		81
TO MED EXECUTION PAGE 4 TO FUN AFTER D BALTIME	23a.BURIAL, C	REMATION, REMOVAL		23c. NAME	OF CEMETERY C		111 Penn Stre 123d LOCATION CITY OR TOWN SUITLAND		unty st	TAYE
DHMH-17 (VR A15 ME (5)) 15M 2/80	BURIA 24 FUNERAL VANWA	AL DIRECTOR AND WILLIA	10-8-81 MS 48040re	LINCO	OLN CEME , N. W.	TERY 25a. DAT	SUITLAND TE REC'D. BY REGISTRAR 2 CT 16 1981		ARYLAND SIGNATURE Jan Mary	ProgPh Seek



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DATE KNOWN DECEASED NAME MONTH DAY YEAR 7b. HOUR (TYPE OR PRINT) OF . ESTI-Kenneth Eugene Chapman DEATH MATED 10 17 1981 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. I IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY 4:46 a M PRONOUNCED œ White Sept.28 .1961 20<sub>rrs</sub> Male DEAD 17 1981 10 a BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED X Maryland U. S. □ |Prince George's WIDOWED DIVORCED County O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Auto- & Appliances Prince George's General Hospital Gen. Mechanic 2, AND 3 TO 1 3. RETAIN PA 2 SHOULD BE F heveriv ppliance Clagett USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Landing F 13d. INSIDE CITY LIMITS? Upper Marlboro, 13b. COUNTY 13c CITY OR TOWN Maryland Pr.Geo's Upper Marlboro NO IO MIAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME ED AS A BURIAL TRANSIT PERMIT. PAGES 1, 2
HEATH AND MENTAL HYGIENE, DIVISION OF VITAL

14, CREMATION, OR REMOVAL. MIDDLE MIDDLE Spike Chapman Mannie Dorothy Louise Catalina GIVE PAU ADDRESS Upper Marlboro, Chapman-Marvland 20772 7 INFORMANT MAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) Spike M. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE, WRITING THE WORD," PRESECUTE THE CREFITIONER. WRITING THE WORD," PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEARTMENT OF HE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES X NO [ 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR ₩ OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 2:38 XXX 10 17 19 81 Pedestrian struck by auto 21e PLACE OF INJURY 21d. INJURY OCCURRED AT WORK NOT WHILE P.G. STREET, FACTORY, FARM, ETC.) Md. Bow i e Blk. Rt. 214 220. I certify that I tack charge of the remains described above, held an Autopsy Inspection death resulted fram Natural causes cide Hamicide Undetermined manner TITLE (SPECIFY Deputy 10/17/81 ACTUAL SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. III Penn St. Balto., MD. TYPE OR PRINT 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 73r. NAME OF CEMETERY OR CREMATORY Burial 10/21/81 St. Barnabas Cemetery Leeland (Pr. Geo's BP Hiomard A Upper Marlboro,
Maryland 20772 Coleman A. C Home **DHMH-17** Funera (VR A15 ME (5) 15M 2/80

15 £6 £, 2.00e eggs full got pr co STRUE TO BE THE AND A STRUCT OF STRU e din de la compansa 

LUCY 6.= CLARKE 10-00-81 2:55AH 1907 90 S'EDME ENGL'S CHEVERLY PRINCE GEORGE'S GENERAL HOSPITAL HERE THE RESERVE THE STREET OF STREET, AND ASSESSED TO SECURE

	STATE OF N
FOR	DEPARTMENT OF HEALTH
- STATE	CEDTIEICAT

MARYLAND AND MENTAL HYGIENE

	REGISTRA	AR .				CENTIF	CATE OF DEATH		REG. NO	Ο.					
	CEASED NA	ME	FIRST		MIDDLE	L	AST	20. DA	TE OF DEATH	MONTH	DAY YEAR	2b. HOUR			
	E OR PRINT)	Phili	n		M	CLEM	ENTS		October	25.	1981	11:55 AW			
3. SE	X			4. RACE		S. DATE O		6. AGE	(IN YEARS LAST BIR		IF UNDER 1 YEAR				
	Male			Whit	е	8-	1-1910 YEAR		71	YRS.	MONTHS DAYS	HOURS MIN.			
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)			b CITIZEN OF	WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9 BAL	TIMORE CITY O	R COUNT	Y OF DEATH	OF DEATH			
	Wash., D.C.			U.S.	A.	WIDOWE				Pr.	Geo.	Geo. MD.			
10	anham	/N OF DEATH			H FACILITY, GIVE STREET	ADDRESS)	P.G.Co.	(TYPE C	SUAL OCCUPATION WORK FOR MOST O	F WORKING	LIFE) INDUSTRY				
JJSU 13n	IAL RESIDEN	CE (IF NURSING	HOME OR C	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	113d. INSIDE CITY LIMIT		REET ADDRESS						
1	Md.	13		Geo.	Chever1		YES TO NO		2339 -	Be11	Leview	Ave.			
14_F.	ATHER'S NA		м	IIDDLE	lements		15 MOTHER'S MAIDER FIRST Marv	N NAME	C. MIDDLE		McK	enna			
160		The same of the sa		AED FORCES?	16b. SOCIAL SECU		17 INFORMANT		ADDRE	SS		me as			
	YES, NO OR UNKNOWN] (IF YES GI			WAR OR DATES)	578-09-	8113	Pauline	C. C1	ements	(Wi		e)above			
CERTIFICATION	couse (inderlyin		the lost.	ONDITIONS CO		DEATH BUT	NOT RELATED TO THE	200	AUTOPSY?	20b. IF YI IN CERT	ES, WERE FIND TIFYING CAUSE	INGS USED			
MEDICAL CERTI	OR CONTRIB	INT WAS UNDERLIBED CAU	EXAMINER)	21b. TIME O HOUR A P.I	m, month da m.	AY YEAR	216 HOW INJURY OF	CCURRED (ER	nter nature of injui	RY IN ITEM 18		PART   OR PART 2)			
×	WHILE	NOT WHILE		(AT HOME, STR	EET, FACTORY, OFFICE F	ARM, ETC )	1 STREET		CITY OR TO	WN	COUNTY	STATE			
	22s I certii saw t above 22b MGNJ	fy that (1) the discount of th	nis hospita abive on (did not	view the body	A BU	/	DEGREE ATTENDIN PHYSICIA  22e ADDRESS	NG MED	CCCUrred on the di	FF _		e couses stated			
	BURIAL, CRE	MATION, RE	MOVAL	23b. DATE 10-28-			EMETERY OR CREMATO		LOCATION CITY OF THE STATE OF T	ning	ton, D	.C. Mails			
	Val'16	y's F	.H.I	nc. 1	Mt. Rain	nier,	Md.	NOV 0	BY REGISTRAR 2 1981 2	25) REGIS	STOR'S SIGNA	Neither			

DHMH - 16 50M 1/B1 (VRA 15, 4)

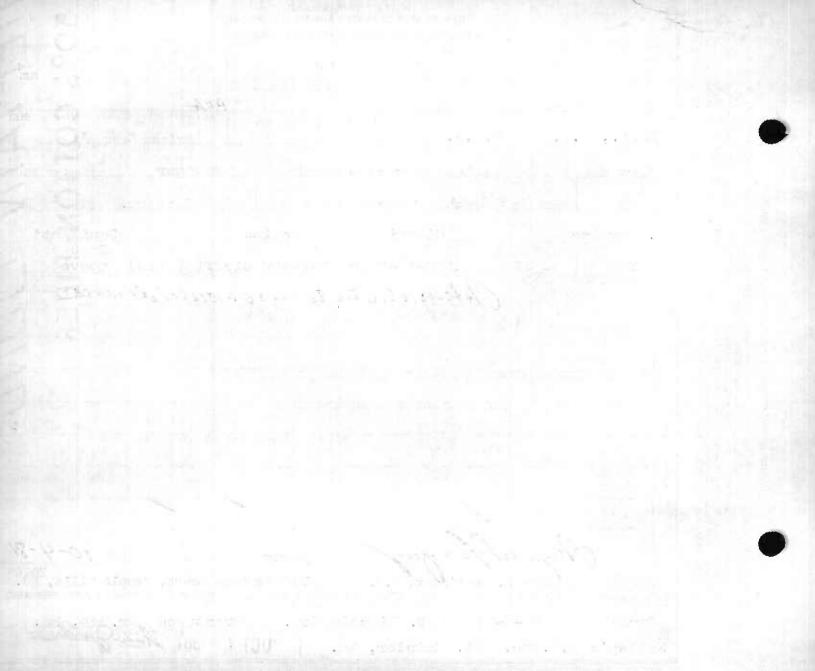
IMPORTANT: If Item 21 is marked ar Item 18 shows any injury, ar other traumatic event, the

e 0 0

AMERICAN CONTRACTOR OF THE PROPERTY OF THE PRO

insel interest in original contract con the second contract of the s

1.		OR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 27256																
		TATE EGISTRAR						EXAMI				.0	100	. REC	S. NO.				
		EASED NAME OR PRINT)		FIRST MIDDLE				Cioffi					20. DATE OF	KNOWI ESTI- H MATED	K V	нтиом		YEAR O 1	2h HOUR
2	SEX		ico				IA AGE UN				R 24 HRS.				10		81 YEAR	4:30	
1			I. RACE	1	HTMOM	DAY	YEAR	LAST BIRTH	IDAY) MON'		HOURS	MIN.	PRONOL	JNCED					
70	Male   BIRTHPLACE (STA		Whit ATE OR		1.2 7b. CITIZEN	26 OF WH	AT COUR		YRS.				100		TYOR	10 COUNT	4 19 Y OF DEA		4:300 am
		ash.,	D.C. U.S.A.					MARRIED NEVER MARRIED WIDOWED DIVORCED					Prince George						MD.
10		Y OR TOWN C			II. NAME	OF HOSP	ITAL, NL	RSING HO	ME, OR OTI		ITION			UPATION	(TYPE OF		12b. KIND (	OF BUS	INESS
	R	iverda			_	chfacility, give street address) eland Memorial H						Manager						store	
		RESIDENCE (	IF IN NURSING	OUNTY		UTION, GIVI	RESIDENC	OR TOWN	510N)	13d. INSIDE		Ise STR	REET ADD				4.44		
		MD	100		ce Ge	orge			tsvil		NO 🗆			24th	Ave	3			
14	4. FA	HER'S NAME			MIDDLE			LAST		15. MOTH	ER'S MAID	EN NAME	E	MIDDLE			LAST	-	
1	Carmino							offi		Adelina						Squilanti			
16	6a. W	AS DECEASED	EVER IN U.	S. ARMI S, GIVE W.	ED FORCES AR OR DATES)	5?	1.50	CIAL SECUR		17. INFOR				ADDI	RESS	S	Same	as	
L		Yes	DEATH (En		II	A	the state of the s	<del>-18-</del>	7058	Dor	othy	Cic	ffi	(Wi	fe)	a	above		
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).																	
	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOPSY?									
	E																YES		NO D
		210. EXTERNAL UNDERLYING				TIME OF UR A.M.		DAY YE	AR 21c H	OW INJURY	Y OCCURRI	ED (ENTER	NATURE OF	INJURY IN ITE	M 18 PAR	T 1 OR PAR	₹T 2}		
		UNDERLYING CONTRIBUTIN		E OF DE		P.M.	FINITIPY	19 (AT HOME.	211 1 0	CATION									
	WEI	WHILE AT WORK		E _	STE	REET, FACTO	ORY, FARM, I	TC.)		STREET			CITY OR 1	OWN		COU	YTML		STATE
			that I took	_	of the rem	oins desc	ribed abi	ove, held an	Autor	sy 🔲,	Inspectio	an ,	Inquir	у .	and i	in my op	inion		•
		death resulte	d from:	Natura	l couses	N.	Accident	□, :	Suicide	, Homi		Unde	termined	monner [	,				
		ACTUAL SIGNATURE	de	can	as	Te	eley	lux		,	SPECIFY)  eputy		DICAL EXA	IN IER		DATE	10	-4	-81
			-	1	,	/	11	1	^						_	SIGNE		2	Ω7,48
		TYPE OR PRIN	TAME AUE	gust	o P.	Rodr	1806	z, M.	υ.	5(	009 R	aybuı	rn Co	urt,	Ten	pre	Hill	s,	Md.
23	30. BU	RIAL, CREMAT	ION, REMO				23c.	NAME OF C				23d, LC CITY	OCATION OR TOWN			COUN	1TY	STA	TE
2		Burial	OR	_11(	0-6-8	81	F	t. L	incol	n Ce	m. 25a. DATE			WOOd	e of sti	T.G	180	Md	Ann.
		lley		H. I	nc.	ADDRESS	Ra	inie	r. Mo	1.		CT 7	19	81	They	wy	A STREET, S. S.		DA.
F	_									-						-	5		



1	-		STATE OF MARYLAND		27251	
11-	FOR STATE REGISTRAR		ENT OF HEALTH AND MENTA XAMINER'S CERTIFICAT	E OF DEATH	Co I Co W	
1. DEC	CEASED NAME FIRST EOR PRINT) M2VO	MIDDLE	ekwell Cat	20. DATE KNOW OF ESTI- DEATH MATEI	11	HOUR
3. SEX		5. DATE OF BIRTH MONTH DAY YEAR	AGE (IN YEARS IF UNDER 1 YR. IF UNDE	NDER 24 HRS. 2c. DATE	MONTH DAY YEAR THE	2
v's	RTHPLACE (STATE OR REIGN COUNTRY).	USA.	WIDOWED DIV	ORCED   Prisc	TY OR COUNTY OF DEATH	MD
5 4	TY OR TOWN OF DEATH	13018 CZYY	el Bewle Rd	120 USUAL OCCUPATION FOR MOST OF WORKING LIFE SECTE	tary Maritime	
6 13a. ST		OME OR OTHER INSTITUTION, GIVE RESIDENCE BE DUNJY  13c. CITY O	PR TOWN 13d. INSIDE CITY LIMIT YES NO	13818C2	en val Burgel	27
20	Jöhn	Morri		e Etta	Morris	
(YE	No	CAVE WAR OR DATES)	58 4172 James		- Wayne, N. J.	
	Conditions, if any, wh gave rise to immedi cause (a) stating the <u>unc</u> lying cause last.	DIATE CAUSE (a)  DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)	EQUENCE OF	erdral Bi	BETWEEN ONSET AND	DEATH
MEDICAL CERTIFICATION	Non	<	O TO THE TERMINAL DISEASE OR CONDITION GIVEN			
CERTIFICATION	190. DATE OF OPERATION	•	HICH OPERATION WAS PERFORMED?			020
MEDICAL CE	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE ( 21d INJURY OCCURRED	HOUR A.M. MONTH D	DAY YEAR	URRED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)	
WE	WHILE NOT WHILE AT WORK			CITY OR TOWN	COUNTY	STATE
		harge of the remains described above latural causes Acadent	, held an Autapsy, Insp , Suicide, Hamicide TITLE (SPECIF	Lection , Inquiry , Inquiry , Undetermined manner	and in my apinian	. 2
		- A 1/ CAMP/	MD NCO	MEDICAL EXAMINER	DATE GOOD 4/2	17
2-	SKINATURE  EXAMPLE S NAME  ITYO OR PRINT)	7.	ADDRESS		50000	
15		AL 236. DATE 236. NA Det V 1981 Mt	ME OF CEMETERY OR CREMATORY	123d LOCATION City OR TOWN White Hall	COUNTY STATE	

Who was and a first to have the property of the source the F US STATES THE Large Carried of the transfer of the same but to be a second to the same of the same of in Quality and the standard of the DETT3 1981 23- N. 2730

ARTHUR. P. CLEVE MAI I Company PRINCE GEORGES COUNTY PRINCE GEORGES FENERAL HOSP. - FERRA BLAZ COLLEGA

	1	FOR STATE REGISTRAR		DEPA	RTMENT OF I	E OF MARYLAN IEALTH AND M ICATE OF DE	ENTAL HYGI	ENE 8 1	2	7 2	5 9
5 m 5		CEASED NAME	Eleanor	B. Coo		AST		REG 2a DATE OF DEATH October			2b HOUR 1:40a.a
(M)	3. SE	x Emake	4. RACE CAUCA	ISIAN	5. DATE O	DAY	1898	AGE (IN YEARS LAST	83 YRS	UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
death Po	lu	IRTHPLACE (STATE OR FORI	DC. USP		MARRIE	D NEVER MA	ARRIED	PRINCE G	OR COUNTY O		/
1 1 13	1	ANHAM  AL RESIDENCE (IF NURSING	DOCTOR	OF HOSPITAL, NUR SUCH FACILITY, GIVE STR SHOSPITA	L of PR			TYPE OF WORK FOR MO HOUSEWI	OF WORKING LIFE	12b. KIND OI INDUSTRY	F BUSINESS OF
thin 24 ho	13a.	ARYLAND ATHER'S NAME	P. G.	13c. CITY OR TO	NWC	13d INSIDE CITYES (X)	40 🗌	7435 PAI	skwood	Str.	
complete 1 and 2		LEWIS VAS DECEASED EVER IN	CAYWOOD U.S. ARMED FORCES			NEL 12 INFORMAN	LIE	MIDDLE	DRESS	WRI	
the medic			IF YES, GIVE WAR OR DATES	579-12-	7838	Richard	Cook	CLINTO	KLER Rd U MD.		MATE INTERVAL
that the death certified by the attending pass remove carbon case remotion, or remotion, or remotion or remotion.		Conditions, if any, w gove rise to immed couse (a), stating	DUE TO,	OR AS A CONSEC	QUENCE OF	MALARIBE		OMA	WITH	74	105.
no.  No.  has been signed permit Then ple permit ab union in investigation in investigation in investigation in investigation.	CERTIFICATION	PART 2 OTHER SIGNIFI DECEMBER 190 DATE OF OPERATIO	PELERON		rest	DRAKE	D; R	200 AUTOPSY?	120b. IF YES.		GSTISED
HYSICIAN: The Inding physician. Its certificate has burial-transit per Mental Hygies or Item 18 shaws	MEDICAL CERT	21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL PLANT OF THE PROPERTY	SE OF DEATH HOUR	OF INJURY  A.M. MONTH  P.M.  E OF INJURY	DAY YEAR	21c HOW INJU		D (ENTER NATURE OF II		I ) OR PART 2)	NO []
IDING PH or attento Seas the beolth and i	ME	WHILE NOT WHILE AT WORK  270.1 certify that (1) (this	[ AT HOME	STREET FACTORY, OFFIC	0 20	STREET	19	CITY OF	* 10	COUNTY	STATE hot (I) (we) last
by the hospitel by the hospitel ERAL DIRECTOR et detached for un State Dept. of H want: if them 21 is		saw the deceosed cabave, (1) (we) (did)	alive on (did nat) view the ba	dy after death.	ar	DEGREE	TENDING	ath accurred an the	TAFF		ouses stated
TO HOSPITAL retained by th TO FUNERAL should be detri- with the State		22d. PHYSICIAN'S HAME	LARK,	M.P.		22e ADDRESS	NWA	1814 - SIBN		20. L	an Ban
BP		BURIAL  SPECIFY)	10- 2			ILL CEM	ETERY	23d LOCATION CITY OR TOWN	9 01	G.	STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)		PRANT F.H. 90	MALINA EIC	alis Rd. L	anha	m mp		3 0 1981	ARIZSE REGISTRA	R'S SIGNATU	RE There

AND DESCRIPTION OF THE PROPERTY OF THE PROPERT Call 12 29 - Danie C. Legatam Dunie 20031 12 22 - 01 AND AND THE PROPERTY OF THE PROPERTY OF A PROPERTY OF A THE PARTY OF A PARTY

535 4 Mer, 22, 120 W 20 1	Y.	1900	tpec In	
Ó.,	-moor 8,1965			
Intend Georges		asteta pod	ini enifo	r e
Ret. High Supervisor-Sashington		saturul yan		lyrnage"
1971 McGrangy Road 4 201	X .	H nathfeld		Morglond
mat(p)	estia	Cot		See C
(Journal-Jav-vile) Same as #16	mez Lucylon	353(-)[-7]	II ii sar	A.A.U-sbY
		21 22		
				- 111
16/23/47 - A				
Hall Bd. Communication and	16138 Same		nillen s	[20 102]
en. Port May, Viveinto				Latent
127 198 Shaw Day 2 Start	4 9		- 138. C mad	a'=9 T. I .T,

	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	NO.	7	2	6 1
		CEASED NAME OR PRINT)	FIRST		MIDDLE		LAST	2a. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
			ELSIE		M		OON		10	28	81	6:45A <sub>M</sub>
	3. SE	female		* RACE White		5 DATE O	16, 1887 YEAR	6 AGE (IN YEARS LAST BI	MONTHS	DER I YEAR	IF UNDER 24 HRS HOURS MIN.	
56	C	RTHPLACE (STATE OR OUNTRY) Kentucky	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY PRINCE	_		EATH	MD.
90	Cł	TY OR TOWN OF DE		PRINCE	GEORGES	NURS I	OR OTHER INSTITUTION  NG CARE CENTER	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Nurse				F BUSINESS OR
32	13a. S	AL RESIDENCE (IF NU STATE Md	13b. COUN	ITY	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?  YES NO		ndo <b>ve</b>	r Ro	ad	
100		Paul	Morri		LAST		15. MOTHER'S MAIDEN NAME FIRST Elizab	eth Norwo			LAST	
		VAS DECEASED EVE res. no or unknown) <b>no</b>		MED FORCES? WAR OR DATES)	404 10 2		Helen Moody	Chever		Md.		
		18. CAUSE OF DEA PART I. DEATH ' 43 70 Conditions, if on gove rise to in couse 10 to stot underlying couse	WAS CAUSEI IMMEDIAT  y, which nmediote ing the	D BY: E CAUSE (o)  DUE TO, C	PRAS A CONSEQUI	ENCE SE	Cerebro Va Deformos	ocloche Oster	Du msle		yen	MATE INTERVAL  DASET AND DEATH  LOW  ON
	NOIT	PART 2. OTHER SIG		Del	ly die	DEATH BUT	NOT RELATED TO THE TERMI					
4	CERTIFICATION					OPERATIO		YES NO	IN CER	TIFYING YES [	CAUSES	OF DEATH?
9		21a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEA	TH HOUR A.	DFINJURY .M. MONTH D. .M.	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	URY IN ITEM 1	B, PART 1 OI	R PART 2)	
	MEDICAL	21d. INJURY OCCUI	RRED WHILE		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	)WN	co	YTAUC	STATE
			sed olive on.	the v the body	ofter death.	- /	nd that in (my) (our) opinion o	death occurred on the	dote and h		from the o	
		22b. SIGNATURE	0	Low	w	)		MEDICAL STA	AFF ICIAN [	2	O.	28-81
1		OHANNES	COLUMN TO STREET	AN M.D.			5632 ANNAPO	LIS RD. BL	ADENS	BURG	s, MD	. 20710
	23a. B	SURIAL, CREMATION		Oct 2	9, 1981 23t. 1	Ft Li	emetery or crematory ncoln Cemeter	23d LOCATION GRY OR TOWN Brentwo	ood	Pro	Geor	res Md.

DHMH - 16 50M 7/77 (VR A 15 (4)) P. Gasch's Sons P A Hyattsville, Md.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
NOV 0 2 1981 Figures Can Watter

10 28 81 E.A.SA	V1:X0	0	14	312.18	
	tell tell ar	960	Wat w		
PRINCE GEORGES				1 1 100 0	
THE STATE OF THE S	VISI CARE CENTER	ORGES MURST	PRJ 15 GE	EVERLY	10
Fig. 1 Bood sevelant Fit					
	Madeul Co.			s ;	
Chernole - No.	wing in th			DT	
					A COLUMN TO A COLU
RD. BLADENSBURG, MD. 2071	5032 ANNAPOLIS		.O.M W	OHANNES SAFANIA	
An expense on boundary	washing dinon	in the man	, m 300	mekt merch	
15 10 10 10 10 10 10 10 10 10 10 10 10 10	AVAN DES	la of Event		and elegant .	

	1.	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENT ICATE OF DEAT		ENE 8	2	7 2	6 2
	1. DE	CEASED NAME	FIRST	,	MIDDLE	1	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
		5+	ugri	the High	100		100h		Octobe	r2 4	1951	2 PM
	3. SE	X	4. 1	RACE		S. DATE C			AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Male		auc	asian	JUN	e 11 1	896	85	YRS.	MONTHS DAYS	HOURS MIN.
e le		RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARR	IED 7	BALTIMORE CITY	R COUNTY	OF DEATH	
20			sey	4.	5.	WIDOWE			Trince	60.01	rges	MD.
30	10. C	ITY OR TOWN OF DEA	тн / 11.		HOSPITAL, NURS		R OTHER INSTITUT	ION I	20 USUAL OCCUPAT	ION	12b. KIND C E) INDUSTRY	F BUSINESS OR
01	1 4	anham	/	nagi	20/10 6	parde	ns Nurs	ing X60	C SALESMI	91	PEN	Co.
do l	130	AL RESIDENCE (IF NURSI	13b. COUNTY	ER INSTITUTION	13c. CITY OR TO	WN	13d INSIDE CITY LI	MITS?	3e. STREET ADDRESS		70	
0.0		ARYLAND	DG		LANHA		YES NO		7014 St. A.	NAS ,	AUE	
ie /	14. FA	ATHER'S NAME	MIDE	DLE	LAST		15. MOTHER'S MAI	DEN NAME	MIDDLE		* LAS	7
300		John	W		COON		JENN	IE			Whit	
medicol		YES NO OR UNKNOWN)	(IF YES, GIVE W		166 SOCIAL SEC	CURITY NO.	17 INFORMANT		ADDRI	ESS	304	
e He		NO	N/A		578-26	-6159A	CARITON C	000	SAME AS	13E	D41.0-	
ny injury, or other troumotic even	CERTIFICATION	PART I. DEATH W  3 3 2 0 Conditions, if any, gove rise to imm couse (a), statinunderlying couse  PART 2. OTHER SIGN  190. DATE OF OPERAT	which lediote g the lost.	DUE TO, O  (b)  DUE TO, O  (c)  IDITIONS C	R AS A CONSEQUE	DEATH BUT			AL DISEASE OR CON	N. W.	4	
shows only	TIFICA	190. DATE OF OPERAT	ION	196. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	)	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	
8		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	21b. TIME C HOUR A. P,	M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU			
is morked or Item	MEDICAL	21d. INJURY OCCURR  WHILE AT WORK AT WORK	ILE 🗀	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE	, FARM, ETC )	211. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
If Item 21 is mo		220.1 certify that (I) sow the decease above, (I) (we) (d	d alive on	10/2	3 19	8/ , an	d that in (my) (con).	opinion de	ath accurred on the de	ote and hour		
<u> </u>		Pour	ry Lu	mo	ly.	MU	ATTEN PHYSI		MEDICAL STAI		ZZC. DATE	SIGNED
MPORTANT		Parry R	OSEN	BERG	mo		la SO	LANG	ONER RO	Chev	erly M	R
	1 4	BURIAL, CREMATION, I ESPECIFY BURIAL	REMOVAL 2	36. DATE 10-27-		NAME OF C	NO CEMET		BRENTING	CIO	PG.	MD.
/81	24 FU	UNERAL DIRECTOR NAME RANT F.H.	9013 A						3 0 1981			

DHMH - 16 50M 1/81 (VRA 15, 4)

THE COLUMN TO THE PROPERTY OF THE PARTY OF T John Janes V. Clarke Market Const. 100 MARY STATE OF THE CONTROL SAIN AS 155 L EXPRESENT SUPERINGUES AS LANGUAGE THE DELL'S O 1981 The Day State

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 30M 2/80 (VRA 15, 4)

FOR

- STATE

GEORGE R. SNOWDEN ROCKVILLEDORE MD. 20850 Grances

YEAR

81

INDUSTRY

2b. HOUR

17h KIND OF BUSINESS OR

LAST

NO [

STATE

COUNTY

22c. DATE SIGNED

9:30

IF UNDER 24 HRS

10 03 81 9.30 UDUNSE E. COOPER PRINCE SCHOOL'S COUTY CHEVERLY PRINCE GEORGE'S GENERAL HOSPITAL The state of the s Carried State State State Constitution of the Constitution of the

FOR - STATE REGISTRAR . DECEASED NAME TYPE OR PRINTS

> COUNTRY Md.

Oxon Hill

4. FATHER'S NAME

130. STATE

approved

and

ed

MIBO

DHMH-16 30M 2/B0

(VRA 15, 4)

8

Md.

3. SEX

Herbert

Ged

MIDDLE

Korea

IMMEDIATE CAU

BIRTHPLACE ISTATE OR FOREIGN

CITY OR TOWN OF DEATH

USUAL RESIDENCE (IF NURSING HO

Jerry 16g. WAS DECEASED EVER IN U.S. ARMED F

> 18 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY:

if any, which gave rise to immediate cause (a), stating the

NOT WHILE

underlying couse last. PART 2. OTHER SIGNIFICANT COND

(YES, NO OR UNKNOWN) yes

	DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8	2	7 2	6 4
	MIDDLE	LAST	2a, DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
	N. Court	nev	Oct 2	27 198	31	6:30a
Cau	S. DATE (	OF BIRTH	6 AGE (IN YEARS LAST BIR	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
USA	WIDOW		9. BALTIMORE CITY C	R COUNTY O	FDEATH	M
02 <sup>n</sup> s	HOSPITAL, NURSING HOME ( THE CILITY GIVE STREET ADDRESS)		OSUAL OCCUPAT	OF WORKING LIFE)	INDUSTRY.	F BUSINESS OF
NSTITUTION	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN  Oxon Hill	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 1502 Stir	Ling Ct.		
	Courtney	15. MOTHER'S MAIDEN NA. FIRST Margaret	MIDDLE		Sher	
ORCES?	166. SOCIAL SECURITY NO. 578-42-9559	17. INFORMANT  Elizabeth J.	Courtney a		item	13
couse per	line for (a), (b), and (c).)	DIAL INF	ALCTON		APPROXI BETWEEN C	MATE INTERVAL DINSET AND DEATH
(b)	R AS A CONSEQUENCE OF	ANTERY	0158488		24	EARS
(c)	R AS A CONSEQUENCE OF					
TIONS <u>C</u>	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 110	,
b COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WIN CERTIFY IN		
	F INJURY M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART	1 OR PART 2)	

CERTIFICATION 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY

220 I certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the

STREET

226\_SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

Md. Veteram Cemetery

22e. ADDRESS

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

6188 Oxon Hill Rd. Oxon Hill, Md.

Philip Wisotsky 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY Burial Chel tenham

10/30/81 24. FUNERAL DIRECTOR

P.G. Md. NOVO 2 1981 Zernes Signature 1981

CITY OR TOWN

COUNTY

STATE

G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

	1.3		ii. contre	in the Contract of the Contrac	
	rince George	25		Adl	Nelv Nd.
voc.507 fair			.to anifrite		xom Eill
.+2	1502 Atlacing	X	III. roxy	.096 .79	• 7-1
33 tyrol		Telegra'	Courtney		Anner
es item 13	Courtmey same	Allraheth J.	57'-12-35	sero?	eev
Vare	195.52		a service		
		i positive Establishe			
	6.66	V.Co 10 = 8			
IG/ag/E	COR	Cons.			

STATE OF MARYLAND

	and the second				
10-36-01			27,71	A : 1 : 1 : 1	
10 to					EERS IN
PRINCE CEORDES COUNTY			• • • • • • • • • • • • • • • • • • • •	d. I mtm	ni Saud
Clerk, Pet. Lept. Store	GENERAL HOSP.	E GEORGES	PRINC	VERLY	НЭ
366-32 particult contr	His x	20minuple	di .oni o	palvi. ha	
	dJerest 1	Links			inte
had formered 70. bmdryst .naming .it w	stry .h etas:	TIME IL	178		
The second				-	
		10	i l		
	×				
	Deg Here		114	181-34	
Fredhington 2.6.	versioned show		HEART		izonii.
AN D 1891 8	130	· C . 2 CML J	Lorentic en	a teluras	- Itter graft

-5-	1,	FOR STATE			DEPAR	TMENT OF	E OF MARYI EALTH AND ICATE OF	MENTAL HYG	I Banai	2.	7266
yy be decth		REGISTRAR CEASED NAME E OR PRINT)	FIRST		MIDDLE G.		AST rtis	DEATH	2e. DATE OF D	REG. NO. EATH MONTH	DAY YEAR 26. HOU
4 a	3 SE	emale		4. RACE Cauc.		5. DATE (		1900	6. AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS HOURS
deoth Poge		IRTHPLACE (STATE OR FO	ia	76. CITIZEN OF	WHAT COUNTR	Y? 8 MARRIE WIDOW		MARRIED			NTY OF DEATH
offer.	0x	on Hill		6516 B	HOSPITAL, NURS THE FACILITY GIVE STRE	ace	OR OTHER IN:	STITUTION	120. USUAL OC (TYPE OF WORK FO Retire	R MOST OF WORKI	12b. KIND OF BUSINE INDUSTRY Domestic
LAND 2120 hin 24 hours hiy filled in b should be fill	M	AL RESIDENCE (IF NURS STATE	ING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)	YES 🌊	CITY LIMITS?		DRESS Bock Te	rrace
MARYLAN ompletely f I and 2 sha		Joseph		MIDDLE	Frazi		S	S MAIDEN NAI		MIDDLE	Clatterbuc
be executed be executed con and comp	16a. \	WAS DECEASED EVER YES, NO OR UNKNOWN)		E WAR OR DATES)	166 SOCIAL SE		James	Padget	t same	ADDRESS	13
RDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201 equires that the death certificate be executed within 24 hours in signed by the ottending physicion and completely filled in by. Then please remove corbangopers. Pages 1 and 2 should be fill to burial, cremation, or remayal. injury, or other troumatic event, the medical examiner must be an	NO	PART 2. OTHER SIGN	which nediate g the lost.	TE CAUSE (o)  DUE TO, 0  (b)  DUE TO, 0  (c)	RAS A CONSEC RAS A CONSEC RAS A CONSEC RAS A CONSEC	DUENCE OF SCAPA DUENCE OF	die Vase	nlar	Sease a caid		20 4 rs 20 4 rs 21/1/7 r
AL RECONTENTS The low region. The permit: I pe	CERTIFICATION	190. DATE OF OPERAT	NOI	19b. COND	ITION FOR WHIC	CH OPERATIO	N WAS PERF	ORMED	20a AUTOPS	SY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir ottending physician.  Ifer this certificate has been sign os the buriol-transit permit; Then th and Mental Hygiene prior to b arked or them 18 shows any injury	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOT IFY MEDIC.  21d. INJURY OCCURR WHILE NOT WA AT WORK AT WO	AUSE OF DEA	HOUR A.	M. MONTH M.	19	21f. LOCAT STREET	ION	ONLY THE OWNER.	E OF INJURY IN ITEM	. 18, PART 1 OR PART 2)  COUNTY STA
Seedling A		220-1 certify that (I) sow the decease above (I) (we) (c 22b. SIGNATURE	(this hospi	10157	19	, 0	nd that in my DEGREE	ATTENDING 1	M DICAL _	STAFF	hour and from the couses stor
TO HOSPITAL OR ATTER relatined by the hospital 170 FUNERAL DIRECTOR should be detached for uwith the State Dept. of H IMPORTANT; If them 21 is	230	22d. PHYSICIAN'S NA Eugene BURIAL, CREMATION.	1.	Yorko		NAME OF C	37/0	PHYSICIAN	IZ3d. LOCATION	ru leu	Hyts had
1405	230	SPECIFY)  Burial		10/8/8				metery	CITY OR TO	land	COUNTY STAT
DHMH-16 60M 1/73	24 F	UNERAL DIRECTOR		,	ADDRESS			25e. DATI	REC'D. BY REG		GISTRAR'S SIGNATURE
(VR A 15 (4))	G.	P. Kalas 6	160	Oxon Hil	11 Rd. 0	ron Hi	11. MA	. DC	T 9 19	81 Mu	year from las in

		nertis		* 43;	.~0	
81	1900	4	ï	.022=1		elecol.
enage your		X		AUG .	sici	e of T
olineol berita			3057.8	Saif ice		file not
6516 Took Terric		X	ELIH NO	.05	•~-	
Aburdanti a El	ring.	ă	Tribbar			ගම්දර .
ners as liter 13	tt. 50.	gam,,,	3::0:	22	ngon	00
						PART

Isimu

10/3/81 Oeden ill Cemotery

Md.

bnelting

... dalan 6.60 twon Hill Hd. (xon Hill, Md.

	TOP TO PERMIT THE WELL IN THE	THE PARTY OF THE P		
	29, 1899	.bednsimnon	an line	Heren
		Section A.E.		y Est
Sections Food Services				
4510 Hanch Street Mills	ACIA	. obiallihe.	oud . The f	us Ivad
ofo	There was Tell's		nivame)	or isma
-	108 Torres 20	500-51-372		الم
到				
	Analis:			
	7 A			
		(T = 1) 3 N		ase in the
Allitiand, in. sec. emplo		. 16, 1961 cade ral More, inc.	GILLIC -Bay	istroi La bio Ff

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION VIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES: NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated 22c DATE SIGNED 10 - 13 - 81BURIAL MD. MD. NATIONAL PARK MIRKIRK REGISTRAR 256 REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

126 KIND OF BUSINESS OR

CASE

IF UNDER 1 YEAR

INDUSTRY

6:15p

IF UNDER 24 HRS

the second section of the second 18-51-01 18-75-3/3-51-3/ The state of the s

	F	OR					MARYLAND	VOIENE		3 7	2 6	0	
	1 - S	TATE EGISTRAR					HAND MENTAL H		e.	. /	2 0	1	
1. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN IN MONTH DAY											Y YEAR	2b. HOUR	
	(TYPE OR PRINT)  Anthony DiCicco  OF ESTI- DEATH MATED (10-34)										11081		
	SEX		RACE	5. DATE OF BIRTH	6. AGE (IN		DER 1 YR. IF UNDER		TE	MONTH D	Y YEAR	24 HOUR	
		ale	white		Nov 25, 1923 57 YRS. DEAD 10-							DM	
ĺ	FORE	THPLACE (ST		76. CITIZEN OF WH			IED   NEVER MARRIE		_	-	OUNTY OF DEATH		
Pennsylvania 10. CITY OR TOWN OF DEATH Beltsville,					USA WIDOWED DIVORCED Prince Georges  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FAME), GIVE STREET ADDRESS)  4935  Reject Layon  OR INDUSTRY  Construction								
	JSUAL	RESIDENCE (	IF IN NURSING HOME	OR OTHER INSTITUTION, GIV		HON)	rusing gy		ck Laye				
	3a. ST	Md	Pro	Georges	Beltsvil	le	13d. INSIDE CITY LIMITS?	13° 4935 AP	ress Georg	ges ave			
1	14. FAT	HER'S NAME	- L	MIDDLE	LAST		15. MOTHER'S MAIDE		MIDDLE		LAST		
			arlo	DiCicco			1	gezelli	Rubin	bino			
1	YES	NO, OR UNKNO	EVER IN U.S. AI	RMED FORCES? YE WAR OR DATES)	16b. SOCIAL SECUR		Thomas G	DiCicco	Alliso	n Park	Pa		
		Ves CAUSE OF		W 11	192 18 73	100	I III III U				APPROXIMATE	INTERVAL	
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Cancer (b) Law NX								В	ETWEEN ONSET	AND DEATH	
		IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF											
		Conditions if any, which gave rise to immediate (b)											
1			stating the under		AS A CONSEQUENCE	OF							
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)											
		PART Z OTHER SIG	NIFICANT CONDITION	S CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN IN PAR	T 1 (a)					
	CERTIFICATION	9a. DATE OF	OPERATION	196. CONDITI	ION FOR WHICH OPE	RATION W	/AS PERFORMED?			20	. AUTOPSY?		
p	TIFIC										YES 🗆	NO F	
	SER.	INDERLYING	CAUSE WAS	21b. TIME OF HOUR A.M.	INJURY MONTH DAY YEA	AR 21c. He	OW INJURY OCCURRED	ENTER NATURE OF	INJURY IN ITEM 18 PA	ART 1 OR PART 2)			
	0	ONTRIBUTIN	G CAUSE OF	DEATH P.M.	19			177		1	100		
	MED	Id. INJURY O		21e. PLACE O STREET, FACTO	FINJURY (AT HOME, DRY, FARM, ETC.)		CATION	CITY OR 1	OWN	COUNTY		STATE	
	-	AT WORK	NOT WHILE AT WORK					-			1761		
		22a. 1 certify	that I taok char	rge of the remains desc	ribed above, held an	Autap	sy , Inspection	Inquir	y , and	l in my opiniar			
		death resulte	fram: Nati	ural causes	Accident	vicide	" Hamicide .	Undetermined r	manner				
		CTUAL	Hugy	sto YK	wine.	-	Do to for	995	501	DATE	0-2	5-81	
		IGNATURE (	M	2 100	10	M	De fang	MEDICAL EXA	MINER	SIGNED		0 0	
20	E (	XAMINER'S I	T)	4579. Pet	obri Gue	2	ADDRESS 5009	Kaypus	nCh, C	any for	vags of	1 (2019)	
2	3a.BUF	CIFY)	ION, REMOVAL		23c. NAME OF C		R CREMATORY	23d. COCATION	,	CENTY	11/1	K.	
-	24 ELIA	Bur Bur		Oct 29, 19	81 Md Wet	erans	Cemetery	Chelte	enham Pr	o Geor	ges N	ld.	
1	1			s P A Hyat	tsville	vd.	NOVC	EC'D. BY REGISTED 2 1981	Chance.	CARS SIGN	VIL.		
-		uus!	on S OI	is I a nya	JUSTILLE, 1				-,,,,,,,,	0	T TOUR	TA.	

AN AND AND AND AND AND AND AND AND AND A	#551.80 / Value 0
EVE 40 00 30 11 11	The state of the s
with the line Peak entity	Thousand Hope Rome Cong. Pale
	and traffic to terminal as
anti-di Etako aly	
PROCESS OF A PROPERTY OF A PRO	The test street and the last street
Comparing the second tent wanten	

	-						AARYLAND		8	0 7	3 7	13		
3	11-	FOR STATE			DEPARTMENT C			-	The state of	6. 1	tion 1	U		
		REGISTRAR CEASED NAME	FIRST	MEL	MIDDLE -	INEK 3	IAST		RE	G. NO.	DAY YEAR	(a) 110110		
28.88.		E OR PRINT)	talo		Diz	11/0/0	imo	ľ	OF ESTI- DEATH MATE		DAY YEAR	2b. HOUR		
P. PEASE DIRECTOR. DIRECTOR. 72 HOURS NSTREET.	3. SEX	Tale "RA		ONTH DAY	- 2 7 6. AGE 1	YRS. IF UN	DER 1 YR. IF UND	DER 24 HRS. 7	L DATE BONOUNCED	MONTH 10 -	DAY YEAR 7 1981	28 HOUR		
ASSESSED 7	FO	RTHPLACE (STATE OR REIGN COUNTRY)	7b.	CITIZEN OF WH	IAT COUNTRY	I MARR	1	RRIED	BALTIMOREC	ITY OR COUNT	Y OF DEATH			
25 20 3 T	10. CI	TY OR TOWN OF DE	ATH 11	USA NAME OF HOSE	PITAL, NURSING HO	WIDOW	A STATE OF THE STA	RCED LISTIA	AL OCCUPATION	LIVE OF WORK	Ph KIND OF BU	MD.		
AND 2874	CI	HEVERLY	1	Prince	Georges (	rence	al Hospil		STOF WORKING LIFE		OR INDUSTR	BARBER		
D. 21201 F ANY DEL F AND 3 TO SHOULD AG SHOULD AG SHOULD AG SHOULD AG	130. S MA		13b. COUNTY	HER INSTITUTION, GIV	13c. CITY OR TOWN	V	13d. INSIDE CITY LIMITS	13e. STREE	TADDRESS	BLETON &	StR.			
A + 010 018		THER'S NAME		DDLE	LAST		15. MOTHER'S MA		MIDDLE		LAST			
ORE, MA		ANTONIO			GIROLAM	D	CONCETT	TA		D	ANGELO			
BALTIMORE, S. AFTER DEA GIVE PAGES TITH FORM P TITH FORM P WISION OF	16a. V (YI	VAS DECEASED EVER ES, NO, OR UNKNOWN) VO	(IF YES, GIVE WARD	FORCES? OR DATES)	166. SOCIAL SECU 579. 50 -6		ANOdo Ba		122120 UPPER	Simple DO	U Str.			
ST.,		18. CAUSE OF DEA PART I DEATH V	TH (Enter only on VAS CAUSED BY: IMMEDIATE CA	AUSE (o	AS A CONSEQUENCE		earlt d	ena	e.		APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH		
. PRESTON VITHIN 24 H VCIL IN ITEM INER ALCH RANSIT PER TAL HYGIEN REMOVAL		Canditions, it gave rise to	immediate	(b)										
, 201 W. CUTED W. IN PEN EXAMI ID MENI ION, OR		couse (a) statin lying couse last		OUE TO, OR ,	AS A CONSEQUENC	E OF								
RECORDS.  LD BE EXEC PENDING".  MEDICAL D AS A BUI HEALTH AN , CREMATI	NO	PART 2 OTHER SIGNIFICAL	NT CONOITIONS <u>contr</u>	RIBUTING TO OFATH B	UT NOT RELATED TO THE T	ERMINAL OISEAS	E OR CONDITION GIVEN IN	PART 1 (a).						
VITAL RE SHOULD ORD "PEI CHIEF M RE USED A TUPE HEA	CERTIFICATION	19a. DATE OF OPER	ATION	196 CONDIT	ION FOR WHICH OF	PERATION W	'AS PERFORMED?				20 AUTOPSY?			
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD ROBE TO THE CHIEF ES 3 SHOULD BE USE E DEPARTMENT OF HOT ROBUSIAL OT REIOR TO BURIAL		21a. EXTERNAL CALL UNDERLYING CONTRIBUTING	OR			AR 21c. H	OW INJURY OCCUR	RRED (ENTER NA	TURE OF INJURY IN IT	EM 18 PART 1 OR PART		NO I		
DIVISI THIS CERI WARDED PAGE 3 SI TATE DEP	MEDICAL		WHILE VORK	21e PLACE O STREET, FACTO	F INJURY (AT HOME DRY, FARM, ETC.)		CATION		CITY OR TOWN	coul	NTY	STATE		
DIVISION OF VITAL R  TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE A SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		220. I certify that death resulted from ACTUAL STONATURE			Accident ,	Suicide M	y , Inspec , Homicide TITLE (SPECIEY)	. Undeter	Inquiry , mined monner	ond in my opi	11/-8	-81		
MEDIC ECUTE TI GE 4 SH FUNER.	750	EXAMINER'S NAME (TYPE OR PRINT)	UGUSTO .	P.Room	CHECK		ADDRES 5009R					ORGES		
O SA STAND	(5	JRIAL, CREMATION,	REMOVAL 236. D		23c NAME OF	CEMETERY O	R CREMATORY	23d. LOC	ATION	COUNT	ry MO ST	ATE		
BP		JURIAL INERAL DIRECTOR	10	OCT 1981	Ft. LINCO	IN CEL			EGISTRAR 125h	PESISTRAR'S SA	/	nD.		
DHMH - 17 (VR A15 ME (5)) 15M 2/80		RANT F. H.	9013 ANA	ADDRESS I	Rd. LANhi	am Me	di	OCT 1	3 1981	Many 9	anland	(In-repri)		

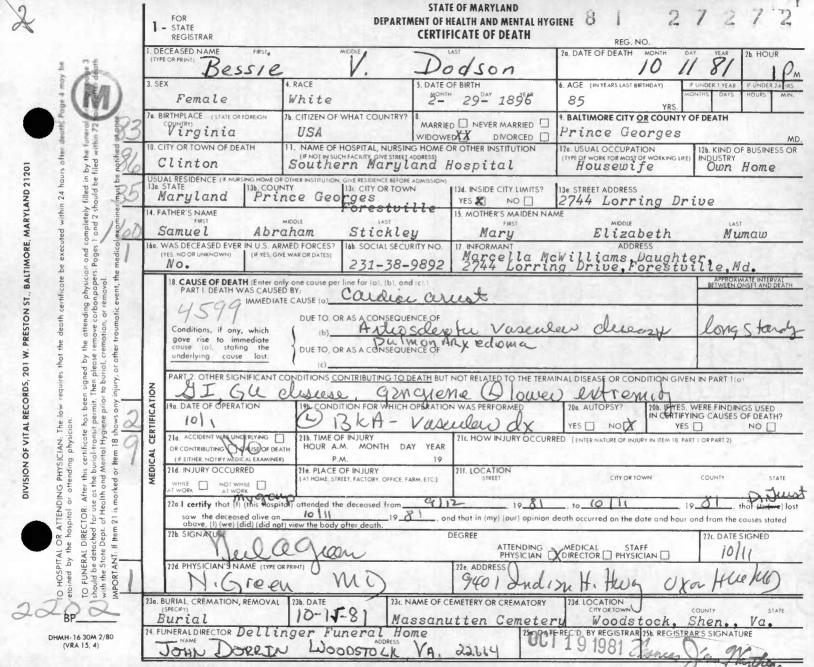
YTUSHO

MUCUSTO P. RODRIEUERM. D.

SONGRAYBURN CT.CAMP SPRINGS, PR. GEORGES

.04

List Haynbox The first of the section of the sect

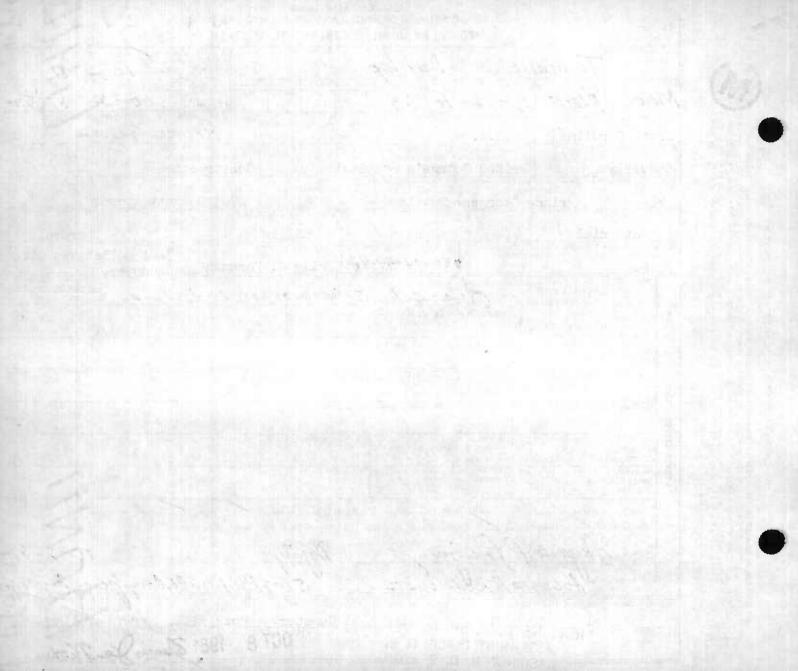


7.9	1000				T. Es
		25510-56			
				HED II	0.1703 (-1)
	Action Monte	C . L	onel min on	intanos .	ì
E 1 3 93	utiligians lacs	$\boldsymbol{x}$	t ille	Prince Sec	pactgr. A
- L	] i = [ ] -	7			Jan see
			254 - 3		. 3

8	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 3 I	2	7 2	7 3,
		CEASED NAME OR PRINT)	FIRST		MIDDLE		AST	26. DATE OF DEATH		AY YEAR	26. HOUR
ny be age 3 leath		1	MARG		M		KETT		10 2	5 81	5:55P.M
, ma r, pe er d	3. SE	- 1		4 RACE		5 DATE C	DAY YEAR	& AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS MIN
a diameter	7. 04	remole		Negro	COLLIERY		.31,1905	75	YRS.	OF DEATH	
即数6	Me	RTHPLACE (STATE OR FO		USA	WHAT COUNTRY	MARRIE		Prince Ge	orges		MD.
by the ed with		inton	TH	(IF NOT IN SUC	H FACILITY, GIVE STREE	T ADDRESS)	Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOME MA	Ker Ker	(NDUSTRY	OF BUSINESS OR
24 hour ed in by be filed	USU	AL RESIDENCE LIENURS	ING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSIONI	1	134 STREET ADDRESS		100	
within 24 tely filled should be examiner	Mai	ryland	P. C	T •	Upper I	Marlb		Box 381	Naylo	r Roa	d 20830
with a will be with a w	14. FA	THER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAIDEN NA			LA	ST
ecuted v	_	George Ha					Martha Co		55501 -4		
be ex ages the n	0	VAS DECEASED EVER (ES, NO OR UNKNOWN) VO		MED FORCES? E WAR OR DATES)	219-48		Mary E. Joh		imore	River, Md, 2	dale Rd.
TRECORDS, 201 W. PRESTON S1.,  The law requires that the death cert sens been signed by the attending ph permit. Then please remove carbon pa ene prior to burial, cremation, or rem shows any injury, or other traumatic	CERTIFICATION	Conditions, if any, gove rise to imm cause (a), -statin underlying cause	which nediote g the last.	DUE TO, O  DUE TO, O  DUE TO, O  (c)  CONDITIONS CI	R AS A CONSEQUENT R AS A CONSE	JENCE OF  DEATH BUT	NOT RELATED TO THE TERM  N WAS PERFORMED  1716 HOW INJURY OCCUR	200 AUTOPSY?	IDITION GIVE  ZOB. IF YES, IN CERTIFY  YES	WERE FIND	
ON OF VITAI PHYSICIAN: ng physician. this certificate urial-transit d or Item 189		OR CONTRIBUTING C	AUSE OF DE	HOUR A	M. MONTH (	DAY YEAR					
VISION OF VITA ING PHYSICIAN (ending physician.) After this certifical the burial-transit the and Mental Hygi narked or Item 18	MEDICAL	21d (NJURY OCCURE	RED	21s PLACE	OF INJURY REET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
or or or see Hea		22a.1 certify that (1) saw the decease abave, (4) (we) (	d alive on	J CTUBER	25 19	۰.—۱8	nd that in (my) (our) apinion	deoth accurred on the c	1000		
IITAL OR AT Wy the hospital Getached for und fate Dept. of		GNATURE	6.	Beau	mun		ATTENDING PHYSICIAN	MEDICAL STA	CIAN [	10/2	6/8/
TO HOSPITAL Of Heating by the heating by the heating by the heating should be detach with the State D IMPORTANT: II		DAME	SA	BRO	wn M	7	1 AYAT	TSYILLE M	19 20	782	
0605°	230. Bu	BURIAL, CREMATION, SPECIFY) P181	REMOVAL	10/29	/81 <sup>'</sup> S	t.Mar	y's Ch. Cem.				Id. STATE
DHMH-16 25M (VRA 15, 4) 1/79	24 F	War Tell	1 Cu	land	ADDRESS)	Qua	Sco-nd 250. PÅ	6 REC'D. BY REGISTRAT	TIMPEGIST	RARISISIGNA	TIGHT Clan

Oct. 3,1995 insl ris ery and F.1. Toper Verlboro on 361 anylon Mand 20130 21 -1 -39/A say s. donnaon, Baltimore, u, 212.12 ACETE MYE COLENOUS LEGISLAND HORETHAND IN CO MELL SOL CATHOLIC ST. Street - Peter march - Street Ro LAMES A BROWN MILL PROPERTY WE IN SOUTH 10/20/61 St. mry s Un. dem. Bryantown mes. Ed.

1	FOR		D			ARYLAND AND MENTAL H	YGIENE	2	7274	
	- STATE REGISTRAR		MED		NER'S C	ERTIFICATE C		REG. NO.		
6	1. DECEASED NA (TYPE OR PRINT)		Tommie Dunlap					NOWN MONTH	-2 1981	M
(M)	Male	Plack	5 DATE OF BIRTH	- 18 6 AGE (IN LAST BIRT 63		DER 1 YR. IF UNDER	PRONOUNCE PRONOUNCE	10-	2 1981 2d. HOU	
235 250 7	7a. BIRTHPLACE FOREIGN COUNT	RY)	76. CITIZEN OF WH	AT COUNTRY?		ED NEVER MARR	IED 9. BALLIMO	RE CITY OR COU	NTY OF DEATH	
A A A A A A A A A A A A A A A A A A A	South C		U.S.A.	PITAL, NURSING HO	WIDOW			ATION (TYPE OF WOR)		ND.
359074	Cheverl	У	Prince G	eorge's He	ospita		Construct	NG LIFE)	OR INDUSTRY	
IF ANY DE SHOULD RECORD	USUAL RESIDEN 130. STATE MD	CE (IF IN NURSING HOME OF 13b. COUN Prince		13c. CITY OR TOWN	1	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRES	s mett Ave	nue	
MD. 21 MD. 21, 2, 7 MD 2 SH 25	14. FATHER'S NA		MIDDLE	LAST		15. MOTHER'S MAID	ENNAME	DLE	LAST	_
	Nath	aniel		Dunlap		Lillie		1000555	Thornwell	_
BALTIMORE, URS AFTER DE B. GIVE PAGE: WITH FORM PAGES I AN DIVISION OF	160. WAS DECEA (YES, NO, OR UN NO	(SED EVER IN U.S. AR. KNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	250 - 14-4		Emily J.	Foreman	7401 Be	llehaven Ct.	
301 W. PRESTON ST., CUTED WITHIN 24 HOL IN PENCIL IN ITEM 18 IN FARNIST PERMIT ID MENTAL HYGIENE, I U, OR REMOVAL.	PART Cand gave cause lying	trians, if any, which rise to immediate (a) stating the <u>under</u> - cause last.	D BY: TE CAUSE (a) (b) DUE TO, OR (c)	AS A CONSEQUENC	E OF		equile di	ress	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	± -
L RECORDS  VULD BE EXE "PENDING" "PENDING" FET MEDIT A  NEALTH A  CREMATIO	NO	OF OPERATION		ION FOR WHICH OF		E OR CONDITION GIVEN IN PA	KI I a		20. AUTOPSY?	
TAL REP HOULD RD "PEI CHIEF A USED OF HEA	FICA ING. DATE	OF OPERATION	198 CONDII	ION FOR WHICH OF	ERATION W	AS PERFORMED!			YES NO	-
NOFVI		RNAL CAUSE WAS ING OR UTING CAUSE OF	DEATH P.M.	MONTH DAY YE	AR		ED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1 OR		-
DIVISIC  BIVISIC  E. WRITING  F. WRITING  R.WARDED  T. PAGE  S.TATE DEPAR	WHILE AT WORK	NOT WHILE [		OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	CITY OR TOW	N	COUNTY STATE	
KAMINER: ERTIFICATE, DB FOR: IRCTOR: P WITH THE S		August	ge of the remains does		Suicide M	sy , Inspectic  Momicide   TOE (SPECIE)	Undetermined man	nner .		/
TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUL TO FUNERAL D. AFTER DEATH.	EXAMINE (TYPE OR			dricua 2	CEMETERY	ADDRESS 5 009	Payfum !	Ch. Comy	may to bear	ge.
04701	(SPECIFY)	rial	10/8/81			Cometem	Rock Hil	1 South	Carolina	
DHMH - 17	24. FUNERAL DI	RECTOR ROLLI	NS FUNER	AL HOME, PLACE, N. E	11405	25°0C	REC'D. BY REGISTRAF	25b. REGISTRAR"	SSIGNATURE	
(VR A15 ME (5)) 15M 7/76		4:	339 HUNTS	D. C. 200	9		0 1301	Carnes )	an button	=



/	1	7	200	
1		A		
	1	IV		
				N.

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 30 Phillip Goulden Dwver A-M 4 RACE 3 SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DAYS 11.1934 Male White June To BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Massachusetts U.S.A. Prince Georges County, MD. WIDOWED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n LISUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Accokeek 5512 Livingston Road Salesman Self Emp. USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION)
130, STATE 13b, COUNTY 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland 15512 Livingston Road rince Geo Accokeek YES [] NO TX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Phillip Helen Dwyer Frye 17. INFORMANT 15512 Livingston Rd.. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Mary Louise Dwyer-Wife /Accokeek, Md. 026-26-3443 Korean APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per fige for (o), (b), and (c.) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON NO I 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on obove (I) well did id did not view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Henry Burke, M. D. La Plata, Maryland 230. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cremation 10/15/81 Cedar Hill Cremato Suitland Co.Md

DHMH - 16 50M 7/77 (VR A 15 (4))

24. FUNERAL DIRECTOR

Funeral Home, Inc.-La Plata, Md

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

		den Dwyge	neu glii	1:19
		ามป		94
Frince Georges Co		.A.	8.0- 2519	SUGDEASS
na colores	Bosel	netapnivia	1557	ccokeek
instance Livingston	X	ACCOMBE	Prince de	oryland
Rrya 12 Livingston 84.			Dwyne	qillide
	Euck vale			LI LIBOY

, we have

.d=2 11

Skeek, Man

Henry Burke, M. D. - o description, Marytand

Cremation 15/15/21 (edgs RF1) (repator builtand , P.G. Co, Md. Arghart Funeral Home, Inc. - In Place, Ma.

		Jus. 70, kings	377191	21/1/27
				AMARYEN
THEN END-1	Sere ha	and the state of the state of	TOSHI ARTONI	MARKET.
X//S	a service was to	The Value	gerage con the	Participation of the Control of the
TTO		STORE SERVE	tema	This shot
namin) at La		D wat heat. Propo-	(A)	n.
				*
			10	
Malais			جيد فيدياهن	
			panain7	
Distrement .D.C.	Box Store -	Ft. Lincoln Senson	18/6/81	farens :
		La Company Company	Estano Pone 2 a	

Inc.

(VRA 15, 4) 1/79

		7	
		100	
	145	2	

-81 12:07	10-20-	EDGAR	.6	ELIZABET
		105 TO 1938	naže iosu	Femile
er's	PRINCE GEORG		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	bealgran
.co Steel	ilai - affelt	GIVERAL HOSPITAL	INCE GEORGE'S G	CHEVERLY PR
14 Sec. 192	TRUE - Pertue		mined .c	
		forfest, Cal		The state of the s
	The state of the s	The Cross of Life		~ C
		Kala Tiensus	(23 DC 1979)	
		Library and a	PHE DILLINE	1871 (2.16)
		78 - 4574		
es flacto;				

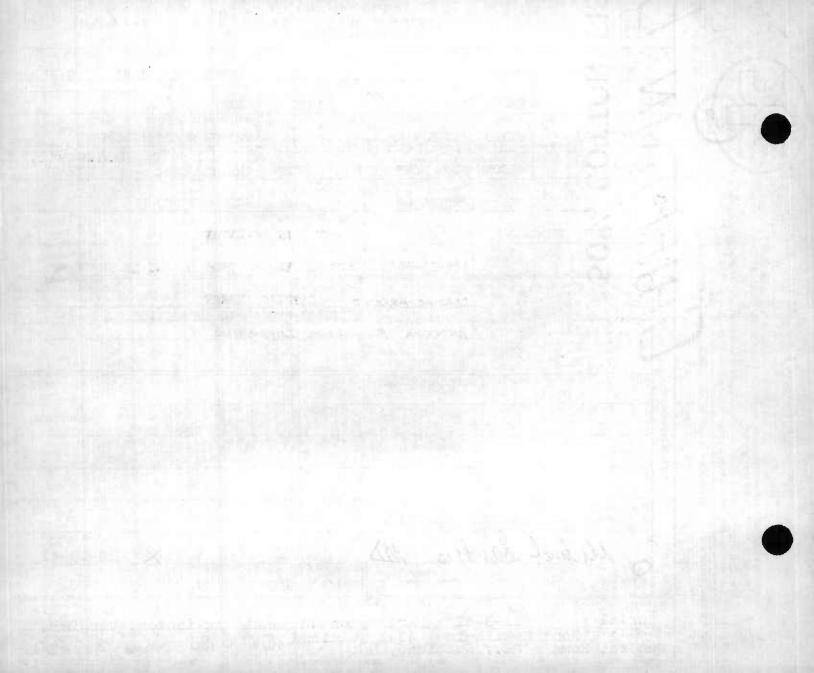
		1.	FOR - STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	27	2 7 8
dre 3		TYPI	CEASED NAME FIRST	eseine L.	ESH.	Son	20. DATE OF DEATH	118/8/	26 HOUR 7.30 A
M	1		Temale	White	5 DATE C MONTH May		6. AGE   IN YEARS LAST BIR	MONTHS YRS.	DATS HOURS MI
4130	97		IRTHPLACE (STATE OR FOREIGN COUNTRY)  France  ITY OR TOWN OF DEATH	U.S.A.	MARRIEI	D NEVER MARRIED DIVORCED DIVORCED DIVORCED	9. BALTIMORE CITY C	Pr. Geo	
by the	73	I	Riverdale  AL RESIDENCE (IF NURSING HOME OF	Leland Me	emorial		(TYPE OF WORK FOR MOST C		
by filled in	35	130.	STATE 136 COU	NTY 13E. CITY O		13d. INSIDE CITY LIMITS? YES NO 1		Webster	Street
1 and 2	60		(Unkr	lown)	AST	FIRST (U:	nknown)	ecc	LAST
s. Poges			VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GT	E WAP OF DATEST	44-4887	Henry Elli	son (Neph	<sup>ESS</sup> 6117-62 1ew) River	end P1.  cdale Mc  pproximate interval  ween onset and dea
Then please remove co to burial, cremation, a		NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION	NSEOUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	IRT 1(a)
te hos beer sit permit. giene prior	7	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION		200 AUTOPSY? YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES [	NO [
burial-transi Mental Hygi	9	MEDICAL CEI	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE 210. INJURY OCCURRED	HOUR A.M. MONT P.M.  21e. PLACE OF INJURY	19	21c. HOW INJURY OCCURR			
DIRECTOR: After the oched for use as the Dept. of Health and Heam 21 is marked.		W	WHILE AT WORK NOT WHILE AT WORK  22a. I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did not be above)	1011-	from	STREET  3 , 19 8 old that in (my) (our) opinion of the control of	MERICAL STA	ote and hour and from	, that (I) (we) 1
should be deto with the State			226. PHYSISIAN'S NAME ITYPE HISTORIA BURIAL, CREMATION, REMOVAL	B Palen	In MI	PHYSICIAN E 22e. ADDRESS COLOR EMETERY OR CREMATORY	DIRECTOR PHYSIC	nkelt	3074
6 30M 2/80		24. F	urial UNERAL DIRECTOR	10-21-81	THE SERVICE OF THE SE	ton Nat. Cen		county ton	Va.
15, 4)		N	alley's F.H.	Inc. Mt. Ra	inier,	Md. OC	T 2 3 1981	frame of	

Market and the second s me that the first was a supplied to the same of the sa Section Metados - Toronto de la companya del companya de la companya de la companya del companya de la companya Statement Hilly Free like The same says the same of the 

1)	1,	FOR			DEPARTA	STA MENT OF	TE OF MA			HYGIE W	. 1	2	7	2	1	9
L	'-	STATE REGISTRAR		ME	DICAL E	XAMIN	ER'S CI	ERTIFIC	CATE	OF DEA	TH	REG. NO	ο.			
W = 1 = 100 = 1		CEASED NAME PE OR PRINT)	FIRST	•••	WIDDLE		-	AST		12	OF DEATH	NOWN X ESTI- MATED	TU	1°8°	YE AR	25 HOUR 2 34
PASS SASS	3. SE		Ralph	S. DATE OF BIRTH	ayne	6. AGE (IN YE	Evans		IF UNDER	24 HDS 1	C DATE	WAIED L	MONTH	DAY	19 YEAR	P · M
			ite	MONTH DAY	1945	36 YI	AY) MONTHS		HOURS		RONOUNG	ED	10	18	19 81	24 HOUR 2: 34
· 1889/5	7a. B	IRTHPLACE (STATE OF PREIGN COUNTRY) Pennsyl		7. CITIZEN OF W		TRY?	8. MARRIE		VER MARR	IED LALA	Princ	_	-		EATH	440
IE, MD. 21201 SATH. IF ANY DELAY IS N SS. 1, 2, AND 3 TO THE FU PM. 3. RETAIN PAGE 5 ND 2 SHOULD BE FILED. THAT RECORDS, 201 W	Che	everly	ATH	II. NAME OF HOS  (IF NOT IN SUCH FA	PITAL, NUR CILITY, GIVE STE Porge	s Gene	eral H	R INSTITU Iospi	tal	FORM	AL OCCUPA OST OF WORK	NG LIFE)	E OF WORK	OR	D OF BUINDUSTE	RY
AND 3 RETAIN HOULD	13a S	AL RESIDENCE (IF IN N TATE Aryland	13b. COUNT		13c. CITY O	OR TOWN	1	3d. INSIDE (	ITY LIMITS2		et addres 08 Hal		r Sou			
E, MD.  STI, 2, ND.	14. F/	ATHER'S NAME		WIDDLE	L	AST		IS. MOTHE	R'S MAID	EN NAME	MID				LAST	
A PA PA PA		J.		omas	Eva	_	r.	Do	rothy	r	M		Н	lewi t		
BALTIMORE, S. AFTER DEAT GIVE PAGES ITH FORM PA PAGES 1 ANE INISION OF	16a \	VAS DECEASED EVE	R IN U.S. ARM	MED FORCES?	16b. SOCI	AL SECURIT	Y NO. 1	7. INFORA	TUAN			ADDRESS	15 3r		re.	
S AFI S AFI SIVE SIVE PAGE VISIC		Yes		-nam	202-	31-13	36	J. Th	omas	Evans			cans		e. F	9.
W. PRESTON ST., WITHIN 24 HOUR INCIL IN TEM 18, AINER ALONG W RRANSIT PERMIT. VIAL HYGIENE, D		Conditions, if gave rise to cause (o) statistically light ground	ony, which immediate ag the under-	y one couse per line DBY: E CAUSE (o)  DUE TO, OR  DUE TO, OR	AS A CONS	t wour	OF	the	chest	AND	ABDON	ÆN_		BETW	PROXIMATE LEEN ONSET	INTERVAL AND DEATH
RECORDS  LD BE EXECTED BE EXECUTED BE	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICA		19b. CONDI	TION FOR W	VHICH OPER				RT 1 (a).					UTOPSY?	
TAN HE CONTRACTOR	1 🗟	21a. EXTERNAL CAL	JSE WAS	2N tro Titantie Oil	INJURY		121c HOV	WINIURY	OCCUPPE	D JENTER N	ATURE OF INJUS	Y IN ITEM 18 I	PART I OR DA		ES 🗌	NO X
O ELCOARO	CALC	UNDERLYING CONTRIBUTING	OR CAUSE OF D				sub	ject			elf wi				tic	4.74
ZIZAO WEI	WED		T WHILE X	STREET, FACT	ORY, FARM, ETC	( AT HOME,	3408		loway	Sout	h Upp	er Ma	rlbő	ro P	.G.	Md.
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNEAL DIRECTOR: A FIRE DEATH, WITH THE SI BATTIMORE, MARYLAND.		270 I certify that death resulted from ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)	Luga	e of the remains des	Accident	. Su	Autapsy cide A	Homic TITLE (S	PECIFY)	Undeter	Inquiry Cou	ner .		ED 10/	19/1	
0000 BB	23a. B	URIAL, CREMATION, SPECIFY) Buri	REMOVAL 23		23c. N.	AME OF CEA	AETERY OR	CREMATO Buria	al Pa		Itoon					änia
DHMH - 17 (VR A 15 ME (5) ) 15M 2/80		uneral director Name ank & Sti	tt Fur			ntgom Lliday		6.	250. DATE	REC'D. BY 1	registrar 1981		STRAR'S	IGNAT	Pleath	

AND THE RESIDENCE OF THE PARTY NEWOODA CIVA anaga ang mananana canana canana September 9

5	1.	FOR • STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE B 1	2.	7 2	8 0
9 P.E		CEASED NAME FIRST FOR PRINT)  JOHN NMI FE	DORKO	MIDDLE	ı	AST	20 DATE OF DEATH	MONTH DAY		Th HOUR
1 100	1.5E MA	X S TO PER S	4 RACE CAUCAS	IAN	5. DATE O		6. AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER 1 YEAR	31 D A  IF UNDER 24 HRS HOURS MIN.
Mis		RTHPLACE (STATE OR FOREIGN COUNTRY) NNSYLVANIA	76 CITIZEN OF	WHAT COUNTRY? STATES	8. MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O			MI
by the filled market	AN	DREWS AFB	MALCOLM	GROW USA	F MED	ICAL CENTER	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Consulta	OF WORKING LIFE)	JADS TREE	
n 24 hour filled in hould be	FL	1000000	MBIA	GIVE RESIDENCE BEFORE 13c CITY OR TOW PENSACOL		13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e. STREET ADDRESS 5290 DURAN	NGO PL		
recuted within de campletely ges I and 2 s	MI	CHAEL NMI FEDO		LAST		MARY NMI	OLENYAK		LAST	
be executan and an and c		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) YES	MED FORCES? /E WAR OR DATES)	166 SOCIAL SECU 176-14-6		JOSEPH FEDO	ADDR RKO 2806 BO			MD ATE INTERVAL ISET AND DEATH
quires that the death certificate signed by the attending physic Then please remove carbon pape to burial, cremation, or removal niury, or other traumatic event, the	NO	PART I. DEATH WAS CAUSE IMMEDIA  4100 Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, O  DUE TO, O  DUE TO, O  (c)	CARDIAC AR AS A CONSEQUE ANTERIOR AS A CONSEQUE	MY MY	ANTERIOR MYO	ARCTION		IN PART 1(b	
The law re	CERTIFICATION	190 DATE OF OPERATION			OPERATIO!	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFY IN YES (	VERE FINDING	S USED F DEATH?
PHYSICIAN: anding physic this certificat the devial-tran d Mental Hyg d or Item 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (HE EITHER NOTHEY MEDICAL EXAMINER 21d. IN JURY OCCURRED	HOUR A.	M. MONTH DA M.	19	216 HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU		COUNTY	STATE
SPITAL OR ATTENDING or other with the hospital or other NERAL DIRECTOR: After be detached for use as the State Dept. of Health on TANT: If them 21 is market	7	WHITE NOT WHITE AT WORK   220.1 certify that (1) (this haspi saw the deceased alive probable, (1) (we) (did) (did no   23b. SIGNATURE,   William Probable of the same saw the deceased alive probable of the same saw the deceased alive probable of the same saw the deceased alive probable of the same saw that the saw that the same saw that the saw that the same saw that the same saw that the same saw that the same saw the saw that	tol) attended the OCT 2 to view the body	e deceased from_	0 1, on	CT 25 19 81 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	, to OCT 29 depth occurred on the d  MEDICAL STA DIRECTOR PHYSIC	FF \		GNED
TO HOSPITAL retained by the TO FUNERAL should be det with the Store IMPORTANT:	23n F	MICHAEL SANDER	S, CPT,			MALCOLM GROVEMETERY OF CREMATORY	USAF MC, A	AFB, MI	D 2033	1
BP DHMH - 16 50M 1/81 (VRA 15, 4)	24 FU	Burial JNERAL DIRECTOR Robt uneral Home	11-3- E Wilh	-81 A	rling	gton Nation	CITY OR TOWN		Virgi RSIGNATU	nia hithen





dills i. Filett c

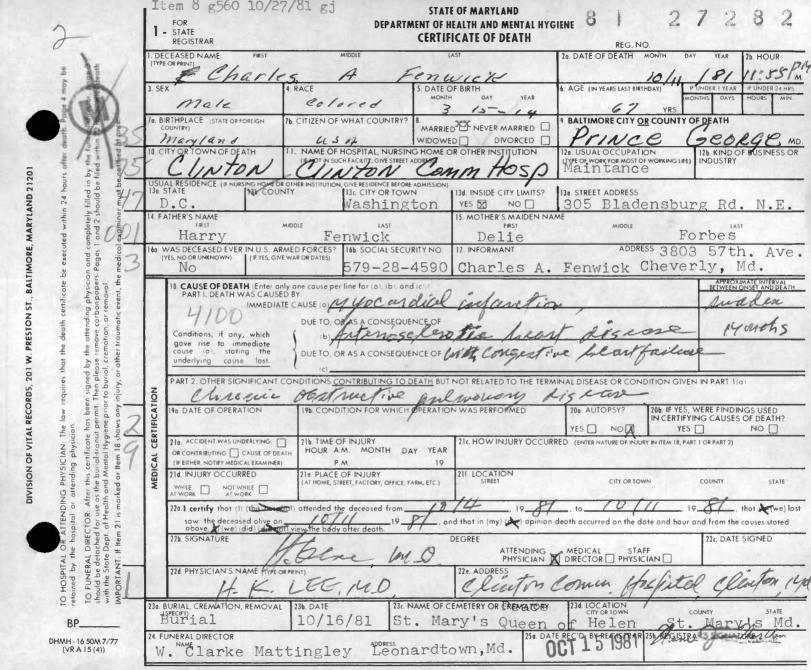
10-25-81 6:20AM

PRINCE GEORGE'S

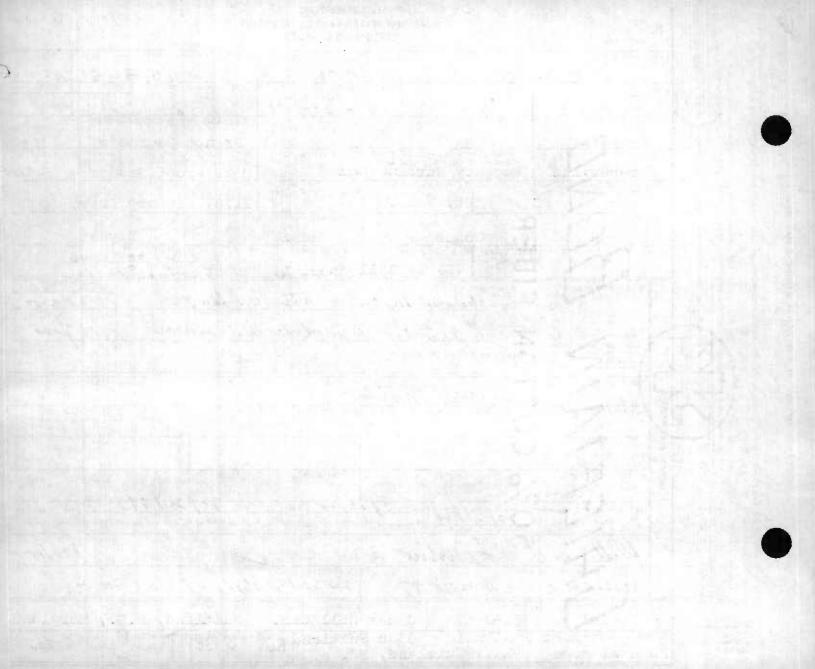
CHEVERLY PRINCE GLORGE'S GENERAL HOSPITAL

. If the district of the Continue of the Section of the

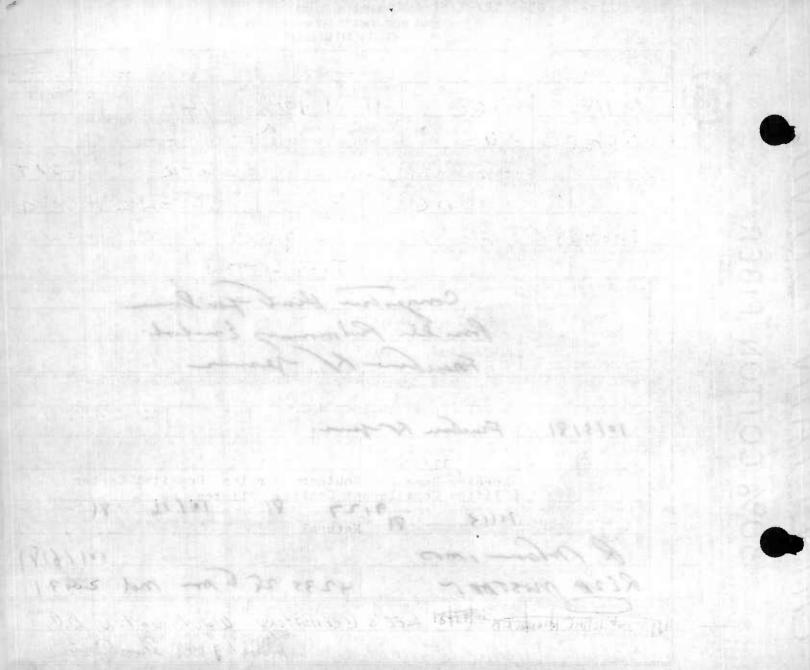
AND THE LAND IS NOT THE LOCAL PROPERTY OF THE PARTY OF THE PARTY.



Product Section in the country of the state of The Artist Control of the REPORT OF THE PARTY OF THE



	IIt	ems 21a-22	a G56	52 12/2	21/81 da	d . STAT	E OF MARYLAND	,eva S	con con	-7 .	. 65 11
	1.	FOR STATE REGISTRAR			DEPART	MENT OF I	IEALTH AND MENTAL H		EG. NO.	e.	. 6 4
23		CEASED NAME ORPRINT)	FIRST	M	IDDLE		AST	20. DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
200	-	THOM			5,4571.000		LEMING		10 16	.81	12:03A.M.
(歌())	3. SE	MAIO	4.	RACE	-	5. DATE (	H DAY YEAR	6. AGE (IN YEARS	LAST BIRTHDAY}	MONTHS DAY	
	7a B	RTHPLACE (STATE OR FO	REIGN 7h	CITIZEN OF V	VHAT COUNTRY?	8	1 190	9 BALTIMORE	TTY OR COUN	TY OF DEATH	
27.0	7	COUNTRY)	C.	US	S	WIDOW	D NEVER MARRIED	PRINCE			MD.
Flied	10 C	ITY OR TOWN OF DEAT		(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCC	UPATION	12b. KIND INDUSTR	OF BUSINESS OR
		Linton AL RESIDENCE (IF NURSIN			Marylan		pital	1018	1/2		6-007
Type /	130.	STATE	COUNTY		13c. CITY OR TOW		134 INSIDE CITY LIMITS?	13e. STREET ADD		z. H.	ECP:40/
miner mas	14. F/	ATHER'S NAME	MIC	DDIE .	LAST		15. MOTHER'S MAIDEN		IDDLE . I >		LAST
0.0		Thomas	5	· [=/	emiNI	9	Marga	ret	10	LOH	AN
Pages		VAS DECEASED EVER IN YES, NO OR UNKNOWN)	(IF YES, GIVE W		16b. SOCIAL SECU	RITY NO.	17 INFORMANT	America 1	ADDRÉSS		
, e		factoria de la constantina della constantina del					1 . P. U	UIJON		APPR	OXIMATE INTERVAL EN ONSET AND DEATH
emoval.		PART I. DEATH WAS	S CAUSED E	BY:	Coma	d (@-/_	12.	6	0	BETWEE	N ONSET AND DEATH
5 6 6	1 -	2880 "	AMEDIATE (	CAUSE (a)	1	200	ar pens	fin	em		
troumatic	1	Canditions, if any, v	which	DUE TO SE	AS A CONFEDE	ENCE OF	Elmony	n Em	list.		
E -		gave rise to imme couse (o), stating		DUE TO OR	AS-A CONSEQU	ENCE OF	1/1		- Remille	66 65	CT TOWN
or oth		underlying cause	last.	(c) 7	xaus-		11/2	enve			
2	z	PART 2. OTHER SIGNIE	ICANT CO	NDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	rminal disease of	CONDITION	GIVEN IN PART	1(a)
prior to any inju	CERTIFICATION	19a. DATE OF OPERATION	)N	19h CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	(2 20h IE 1	ES, WERE FINI	DINGS USED
3 /	FIG	10/3/9	7)	-		e m	1-en-		IN CER	TIFYING CAUS	ES OF DEATH?
18 sho	- E	210 ACCIDENT WAS UNDER	ILYING	216 TIME OF		V I	21c. HOW INJURY OCCI		_		
		OR CONTRIBUTING X CAL		HOUR A.M			fe	12			
or Hem	MEDICAL	21d. INJURY OCCURRE			FINJURY	ARM ETC.)	Southern Ma	ervland H	nami ta	Candon	T STATE
morked	2	AT WORK NOT WHILE	7				nt Center)	Clinton			Branch Street
is mo		220 I certify that (I) (f				91	27 19 K	, ta	1/16	, 19 8	, that (I) (we) lost
10/10	2	saw the deceased abave, (1) (we) (dic	olive on_ l) (did nat) v	view the bady a	ifter death.	81.0	nd that in (my) (our) opinio	on deoth occurred or	the dote and h	our and from t	ne causes stated
di di		17h SIGNATURE	26	7			DEGREE ATTENDING	MEDICAL	STAFF	22c. DA	TE SIGNED
\$ K	-	22d, PHYSICIAN'S NAM	E ATURE OR RE		mos		PHYSICIAN 22e ADDRESS		PHYSICIAN [	(0	161V
MPORTAN	1	RE20	No	STAN	~		4235 C	25 E pr	- m	d Z	er 3/
1 1	23o	BURIA, CREMATION, R	MQVAL	23b. DATE	23c. I	NAME OF C	EMETERY OR CREMATOR	Y 23d LOCATIO			
	0	EMATION		Oct. 12	17811 L	EE'S		ey WA.	shino	YON.	D.C. STATE
2/80	24 F	NERAL DIRECTOR	25 ×	12/2	ADDRESS	SULS	250.00	ATE REC'D, BY REGI	STRAR 25b	STRAR'S SIGN.	ATURE
		MADIEY	-11	n/11		nn.	I wildness in	WILLS OF MALES	181 M	MANUAL NORTH	more your

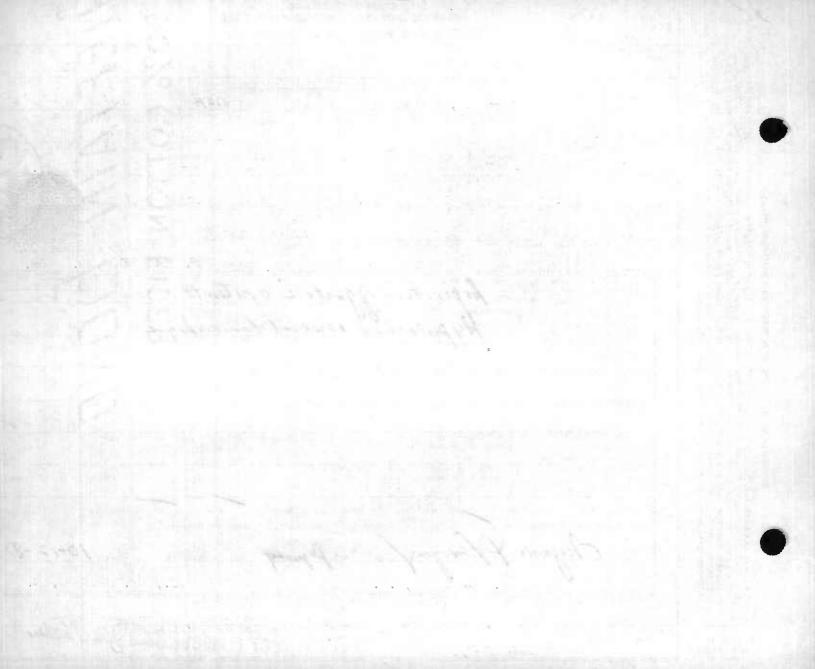


10.00031 12:25	TOTAL STATE	(114	5	GJARUG
	t. h 1910	00		6
ingrow Labelts	x		L.B.A.	iding till an
.e. covi.	an't Lankgrout	ing francis	ragit pa	e intrice
or Goy't. Empl. Fed. Goy't. 1801 Strutwood Averne	A Year Mach	n Yarrigan Oxen Fill		

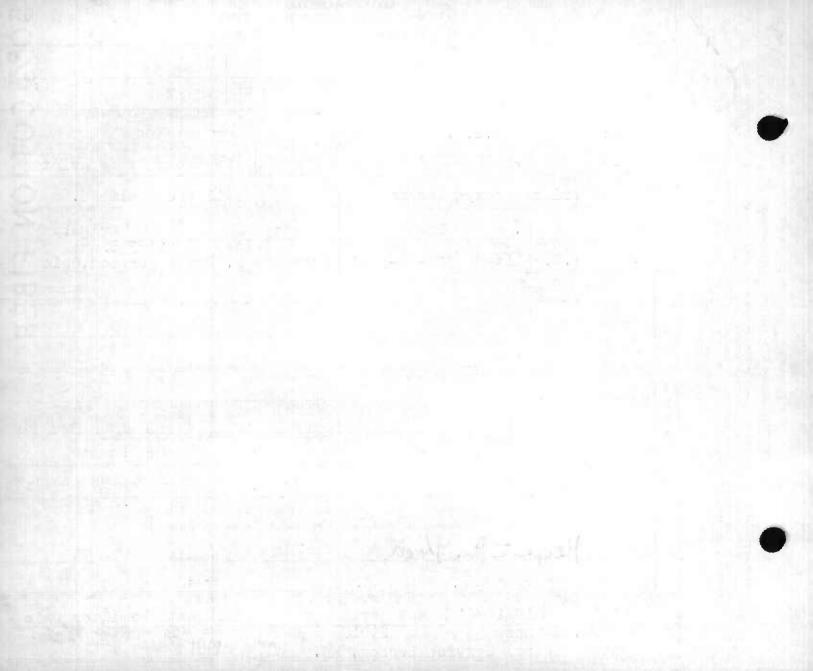
Burisl 10/5/Rl Angel Hill Common Livre de Croo Partland GléG uwon Hill d.

nation and another section is a second 198 C. L. 198 C.

1	FOR STATE REGISTRAR			DEPARTMENT OF DICAL EXAMIN	HEALTH		OF DEATH	2	7 2 8	1
	DECEASED NA		RE EDDIE FOS	MIDDLE		ASŤ	20. DATE KNO OF ES DEATH MA	TI.	NTH DAY YEAF	
	MALE MALE	4. RACE BLACK					R 24 HRS. 20 DATE PRONOUNCED	MOM		534 N
S	BIRTHPLACE FOREIGN COUNTRY	ROLINA	76. CITIZEN OF WI		WIDOWE		CED PRINCE	GEORGE	UNTY OF DEATH	M
-	CHEVE	$\overline{CRLY}$	PRINCE	PITAL, NURSING HON CHITY, GIVE STREET ADDRESS) GEORGE'S H	OSPITA	R INSTITUTION $AL$	12a USUAL OCCUPATION FOR MOST OF WORKING LABOR FOREM	LIFE)	ORK 12b. KIND OF OR INDUS	STRY
5 MA	ARYLAND	13b. COU PRII		VE RESIDENCE BEFORE ADMISS 13(. CITY OR TOWN		AES 📆 NO 🗆		H ENGL)	EWOOD DRI	VE
		N FOSTER		LAST			A ROGERS	7	LAST	
100	YES, NO, OR UNKN	WWI	NEWAR OR DATES)  1 42-45  only one couse parties	239 09 25		NETTIE E.	FOSTER N. E			EWOOD DR.
NC	PART 2 OTNER		(c) NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL OISEASE	OR CONDITION GIVEN IN P	*ART 1 (a):			
OLY SEPTEMBER AT 18	19a. DATE C	OF OPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION WA	AS PERFORMED?			20 AUTOPS	NO P
MEDICAL CERTIFICATION	216. EXTERN UNDERLYIN CONTRIBUT	TING CAUSE O	F DEATH P.M	. MONTH DAY YEA	R 21c. HO	W INJURY OCCURR	ED LENTER NATURE OF INJURY IF	NITEM 18 PART 1 C	DR PART 2)	
AFD.	21d. INJURY WHILE AT WORK	OCCURRED  NOT WHILE  AT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)	211. LOC STI	ATION REET	CITY OR TOWN		COUNTY	STATE
	220. I cer death resu  ACTUAL SKGNATURE  EXAMINER': (TYPE OR PR	SNAME TITAL	orge of the remains destructed causes		Autapsy vicide ,	Homicide	Undetermined manner	DA SK	SNED	2-8) MD.
	BURIAL, CREM.	ation,removal $AL$	23b. DATE OCT 16 198	23c. NAME OF CE	METERY OR	CREMATORY	23d. LOCATION CITY OR TOWN  LAUREL M	IA RYLAN	COUNTY	STATE
24.	FUNERAL DIRE		ADDRESS NERAL HOME,	4339 H	14717 7		REC'D. BY REGISTRAR 2		Jan Mar	ite



/	FOR		DEPA	STATE OF RTMENT OF HEAL	MARYLAND	HYGIENE	27288	
2 18	- STATE	RAR		L EXAMINER'S		OF DEATH	6. NO.	
X	1. DECEASED	NAME FIRST	MIDDI	E	LAST	20. DATE KNOW!		UR
52.495	(TIPE OR PRINT		NETH	RAY	FRAZE	OF ESTI- DEATH MATED		M
514mm/	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS IF I		R 24 HRS. 2c. DATE	MONTH DAY YEAR 3 2013	OUR
	male	white	7/4/49	32 YRS.	NINS DATS HOURS	DEAD		M
SET SEE	7a. BIRTHPLA	JNTRY)	76. CITIZEN OF WHAT CO	OUNTRY? 8. MAI	RIED NEVER MAR	RIED	TY OR COUNTY OF DEATH	
IS NECE FUNE FFUNE		ONN OF DEATH	U.S.A.	WIDO			,	MD.
A PER			11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	NURSING HOME, OR O	THER INSTITUTION	FOR MOST OF WORKING LIFE Engineer	(TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY AVIATION	
DELAY 3 TO TH IN PAG 805, 20		VERLY ENCE (IF IN NURSING HOME	OR OTHER INSTITUTION GIVE RESID	Se S County	nospirat	Fugineer	AVIACION	1
AND SHOULD	Mary.	land Princ		anham	13d. INSIDE CITY LIMITS?	9911 Gree	nbelt Rd.	
MD. 17.2, 17.2, 17.2, 17.2, 17.2, 17.4, 17	14. FATHER'S		MIDDLE	LAST	15. MOTHER'S MAIL	MIDDLE	1AST	
DEA PRESENTE		nes		raze	Betty		Grigsby	
BALTIMORE. S AFTER DEA GIVE PAGES ITH FORM P PAGES I AN IVISION OEV	YES, NO. OR	EASED EVER IN U.S. AR	WAR OR DATES)	27-80-9811	17. INFORMANT (		Name of Ohio	
RS A GIV					TROSeman	y P. Fraze	Norwood, Ohio	_
TON ST., B 24 HOURS TITEM 18. G LONG WII PERMIT. P GIENE, DIN	PAI	RT I DEATH WAS CAUSE		iple injurie	25		BETWEEN ONSET AND DEA	ATH
PRESTON ITHIN 24 F CIL IN ITEA JER ALON AL HYGIER REMOVAL	12 8	150 IMMEDIA						
W. PRES. WITHIN NCIL IN NNER A RANSII ATAL HY		nditions, if any, which ve rise to immediate						
W WENT	co	use (a) stating the <u>under</u>		ONSEQUENCE OF				53
EXECUTED NG" IN PROCESS OF A BURBLE A B			(c)					
HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NOW PENDING" IN PENCIL IN TIEM 18. GIVE PAGES 1, 2, AND 31'O'THE FIRM PROBLAG. I EXAMINER ALONG WITH FORM PM 31. RETAIN PAGE 5: USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. O'F HEALTH AND MENTAL HYGIENE, DIVISION OE/ITAL RECORDS, 20 WIRAL, CREMATION, OR REMOVAL.		THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN F	ART I (a).		
WITAL RESHOULD OND "PER ONE WEELS A CHIEF AND A TOF HEAD A URIAL, C	WHILE	TE OF OPERATION	196. CONDITION F	OR WHICH OPERATION	WAS PERFORMED?		20. AUTOPSY?	
A SO S S S S S S S S S S S S S S S S S S							YES XX NO [	
ATE WEN THE MEN TO B	210 EX	TERNAL CAUSE WAS	216. TIME OF INJUR	TH DAY YEAR 21c.		ED (ENTER NATURE OF INJURY IN ITE		
SIOR TO TO TO SHOULD SH	CONTR	URY OCCURRED	DEATH P.M.  21e PLACE OF INJ	10-1-91	OCATION	uto/fixed obje	эст ітраст	
DIVISION OF VITAL R  TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	WHILE	NOT WHILE	STREET FACTORY, FAI			d.&Daisy Lane		TE
ATE, T ORW ORW VD, 2		I certify that I took chor	ge of the remains described	abave, held an Auto	opsy XX, Inspecti	an , Inquiry ,	Co., Maryland	
MINING BE F	death	resulted fram: Natu	ral causes . Accid	ent XX Suicide	, Hamicide	Undetermined manner	],	
MAN WIN	ACTUA	· Man	TO A TO	17.000	Assistan	+	DATE 10-7-81	
SHO SHO	SIGNA		have line	Men	M.D	MEDICAL EXAMINER	SIGNED	_
MEDION OF THE DESTRUCTION OF THE	(TYPE C		largarita A. I		_ADDRESS	enn Street		
0405	230 BURIAL, C	remation, removal	23b. DATE 10/10/81	Rest Have		23d LOCATION CITYORTOWN Cincinnati	Hamilton Ohio	
BP	24 FUNERAL		rned	2101		REC'D. BY REGISTRAR 256 F	REGISTRANS SIGNAPLATION	-
DHMH - 17 (VR A 15 ME (5) )	NAME		eral Service		Ma. DC	T 8 1981 FA	inco Jan Russ	
15AA 2/80								



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR				CERTIF	CATE OF DEAT	H	REG. N	10.				
1	DECEASED NAME	Doris		n		EMAN		October 2	5, 19	DAY YEAR	26 ноиг 6:10p		
	Fem ale		1 RACE A		MARRIED NEVER MARRIED WIDOWED DIVORCED			2.5	YRS.	MONTHS DAYS			
1	COUNTRY)	DUNTRY) M.J.						Prince George's					
3	0. CITY OR TOWN OF  Lanham		Doctors	Hospita	al of	Pr. Geo.		OF WORK FOR MOST		FEI INDUSTRY	F BUSINESS		
	130. STATE	ARNE AT	TY CONDEL (	JEA BE		13d. INSIDE CITY LIN		STREET ADDRESS	Ro	1.			
1	4 FATHER'S NAME	<u>'</u> کی	AIDDLE F.	em In		15. MOTHER'S MAIL	DEN NAM	MAIDLE	om.	IAS	Т		
	60 WAS DECEASED EV		MED FORCES?	16b SOCIAL SECU	RITY NO.	DOVIS	Wa	ne, Sa		(0-)/	Md		
	18 CAUSE OF DE PART I. DEATH	WAS CAUSED	E CAUSE (a)	faria, (b), and	Deo	龙				APPROXI BETWEEN	MATE INTERVAL ONSET AND DE		
	gave rise to cause (a), sti	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF Crisis  DUE TO, OR AS A CONSEQUENCE OF Crisis  (c)											
	PART 2 OTHER S	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
	RTIFIC	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION V						200 AUTOPSY? YES NO X	IN CERTII	S, WERE FINDIN FYING CAUSES ES	OF DEATH?		
Т	210. ACCIDENT WAS	UNDERLYING	21b. TIME O	FINJURY		216 HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)			

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

NON YES [ NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

and that in (my) (aur) opinion death accurred on the date and Hour and from the causes stated

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY NOT WHILE

22a.1 certify that (1) (this hospital) attended the deceased from

AT HOME STREET FACTORY OFFICE FARM ETC 1

211 LOCATION STREET CITY OF TOWN

COUNTY STATE

sow the deceased alive on about (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE

MEDICAL

DEGREE

NAME OF CEMETERY

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

10/26/81

22c. DATE SIGNED

22d. PHY SICIAN'S NAME (TYPE OR PRINT)

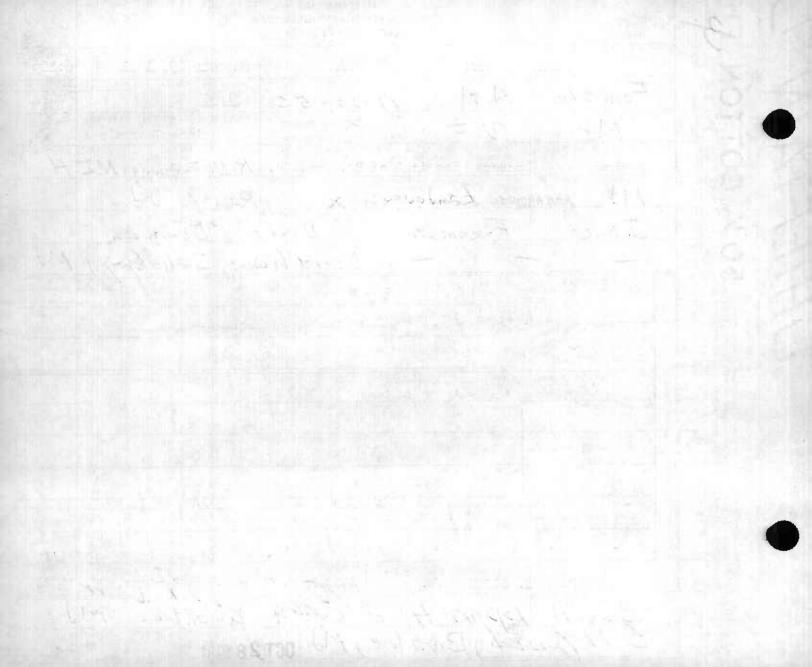
JASWINDER S. SIDHU, M.D.

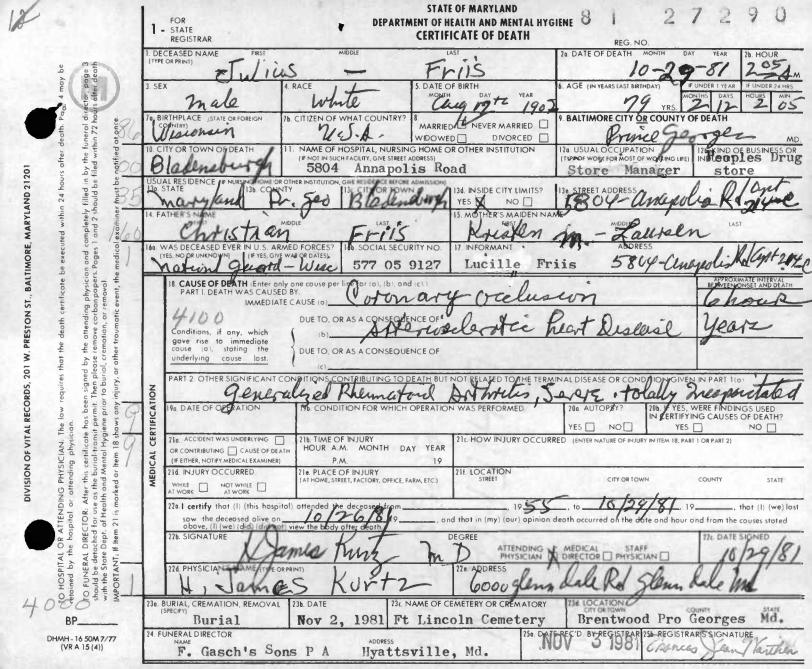
22e. ADDRESS

4700 Auth Place, Camp Springs, Md. 20023

230 BURIAL

DHMH - 16 50M 1/B1 (VRA 15, 4)





The second secon
Bright was a series of the ser
and the state of t
The same with the property of the same of
The Committee of the Co
of the contract of the contrac

Frence the state and the state of the state engoni podri affects afterak toosi "i mot strike . It esemna somet bonives THE SELECTION OF THE PROPERTY OF THE STREET OF THE SELECTION OF THE SELECT brow notaridas fro thong Market Line Company of the Section o AND . I TAK GIRTONGS. Western Landson Companies Ail . The desired Companies Ail . The Total Old Alexander Marry Rd., Clinton, or Petro Park

The late of the street of the party of the p - alfanadeli away becomes I get | x tole told .col. T managed a later to the second of the second STATE OF THE PROPERTY OF THE P collected to the control of the collected of the collecte

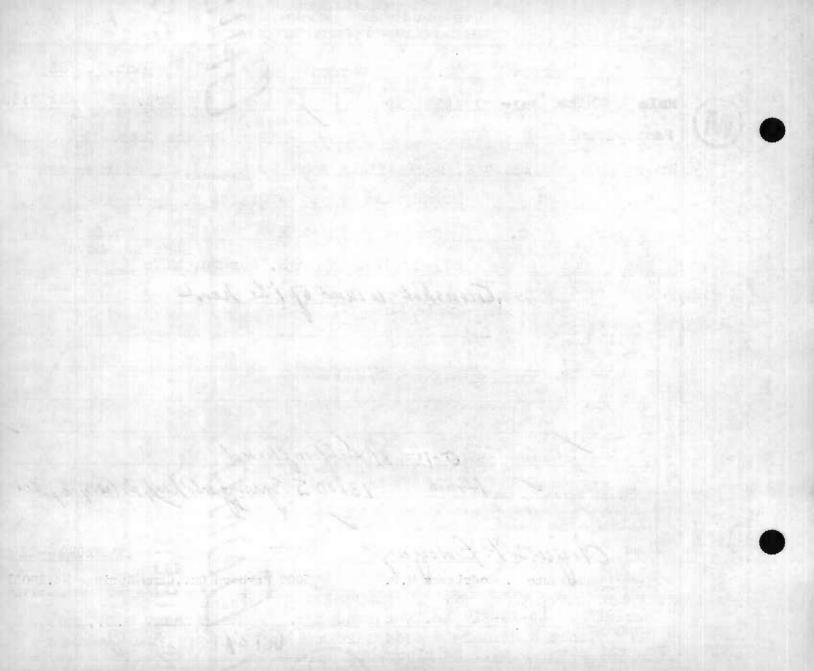
STATE OF MARYLAND

	- 4	
1	200	6
4	71	h
	7	, A

Photological State of the Control of	4 4	
		La Fare Coll
ata-man southern		and the air
		(five-time)
ere late from	the ave of	L TORBUTE
The Andrew Hill Control of the extension		
to that the transfer of the transfer that the		
		, , , , ,
4325 brider server, 623,000 Spring, 262,200,00	.O. E. Namaion .	L tomicks !
to any and the storm of the control of the store of the s	E TOTAL STATE	oltrest)
THE RESERVE AND THE PARTY OF TH	istagi All noos r	december of

	1	OR		TATE OF MARYLAND	AL UVCIENT 1	7 2 2 4
		STATE		F HEALTH AND MENTA	E OF DEATH	da 7 mg
1	1 DE	REGISTRAR PEASED NAME FIRST	MEDICAL EXAM	INER 5 CERTIFICAT	REG. NO.	MONTH DAY YEAR 26. HOUR
No. 1		OR PRINT)			OF ESTI-	
S S S S S S	2.05	ARTHUR	٧.	GOODMAN	DEATH MATED	10 1 19 81 M
20 E 5 R	3. SE	M	DATE OF BIRTH 6. AGE (I		RS T MIN PRONOUNCED	
NA SERV		200 110910		YRS.	DEAD	10 1 19 81 10;35
SESS ERAS	/a B	RTHPLACE (STATE OR 76.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER M		
N. W.	1	Torida	4500		ORCED Prince Georg	
SEE HE IS	10. C	Y OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HO		128. USUAL OCCUPATION (TYPE OF	F WORK 12b KIND OF BUSINESS OR INDUSTRY
SS. SS. P.	11011	Riverdale	Letand Hospital	10,010,000	(atering Em	2/7
SOLUTION SOL	13a. S	L RESIDENCE (IF IN NURSING HOME OR OT ATE 136 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADA		ITS? 13e. STREET ADDRESS	pl 1 Di
Z ANTENS		Mel	,6	YES NO	1 5350 Quer	ms (harel tel
MD M	14. F.	THER'S NAME FIRST MI	DDLE LAST	15. MOTHER'S M	MAIDEN NAME MIDDLE	LAST
AND	16	rthur L		n so x7	ary 1	11/108
PAGES I	16a. \	AS DECEASED EVER IN U.S. ARMED S. NO. OR UNKNOWN) (IF YES, GIVE WAR	OR DATES)		ADDRESS	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120) S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFIER DEATH. IF ANY RITING THE WORD "PENDING" IN PENCIL IN 11EM 18. GIVE PAGES 1.2, AND RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETA RE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOUL E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OEVITAURECO ON PRIORY TO BURIAL, CREMATION, OR REMOVAL.		Jule 4	4K 398.25	.8566 Chery	Cood Mam 1336	tnd ore
WIT. P		18 CAUSE OF DEATH (Enter only or	ne couse per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N SI N SI N SI N SI N SI N SI N SI N SI		PART I DEATH WAS CAUSED BY IMMEDIATE C		b wounds of ch	est	
STON A PLO		7660	DUE TO, OR AS A CONSEQUEN	CE OF		
A A A A SEA		Conditions, if ony, which gove rise to immediate	(b)			DE LA LANGE
WENT OR		couse (o) stoting the under-	DUE TO, OR AS A CONSEQUEN	CE OF		
ON, ON,		lying couse lost.	(c)			
AATI AAN AATI AATI AATI AATI AATI AATI A	18	PART 2 OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING 10 DEATH BUT NOT RELATED TO THE	IERMINAL DISEASE OR CONDITION GIVEN	IN PART 1 (a).	
S A S A S A S A S A S A S A S A S A S A	NO.					
LEE VED VILLO	18	190 DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED?		20. AUTOPSY?
₹ SSE	CERTIFICATION					YES NO
O B B E E	W W	210. EXTERNAL CAUSE WAS	116. TIME OF INJURY HOUR & XXMONTH DAY Y	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)
S SHOOTES	3	CONTRIBUTING CAUSE OF DEA	TH9: 15 P.M. 10-1- 19	81 Subject st	abbed.	
VISIGNET IN STATE OF PRICE PRI	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.)	E. 21f. LOCATION	CITY OR TOWN	COUNTY STATE
ARB ARD	2	AT WORK AT WORK	blda.			ce George's Md.
# TF. 7 F. PA			the remains described above, held a			n my opinion
ANGRE		death resulted from: Natural a		Suicide , Homicide		ii iiiy opinion
REC BE		deoth resulted from: Noturol C	Accident [],		• 10 10 10 10 10 10 10 10 10 10 10 10 10	
X 222 X		ACTUAL AM	JAM -	TITLE (SPECIF	ant MEDICAL EXAMINER	DATE SIGNED 10-2-81
SER SE		SIGNATURE	Now You	M.D. ASSIST	MEDICAL EXAMINER	SIGNED TO Z OT
W C A P C A	1	EXAMINER'S NAME Anr	M. Dixon, M.D.	11	1 Penn St.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201  TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLÉASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PAGE 5 FOR YOUR FILES TO FUNERAL DIRECTOR: PAGE 5 FOR YOUR FILES TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 21 HOURS BALTIMON OF VITAL PROFENSION OF VITAL RECORDS, 901 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	23a B	JRIAL, CREMATION, REMOVAL 236.		ADDRESS CEMETERY OR CREMATORY	123d. LOCATION	
	130.5	3 (FY)	19/81 Wash	. Matil Cen	CITY OR TOWN	COUNTY 11 PATATE
5/00 BP	24. E	INERAL DIRECTOR	2/			RAR'S SIGNATURE
DHMH - 17 (VR A15 ME (5) )	1	has H. Povell	T/4 XIAN. 5	chroeder	CT 5 1981 2	0 0
15M 2/80		19011, 1900	19 31-100	- BL6	U 1301 Many	March.

Table Control of the The section of the se The Holling of the state of the secretary to the second



V	1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 1	l.	1 6	, 7
10		CEASED NAME	FIRST		MIDOLE		AST			OAY YEAR	2b. HOUR
att.	(TYPE	OR PRINT)	Angel	10			Greco	Octob	2 2	5 1981	1.23
page r deat	3 SEX	(	ringe	4 RACE		5 DATE C	OF BIRTH	& AGE (IN YEARS LAST BIR	THOAY)	IF UNDER I YEAR	
afte.		Male		Whi	te	OC	£. 13, 1903	78	YRS.	MONTHS DAYS	HOURS
101	7a. BI	RTHPLACE (STATE OR F	OREIGN	Th CITIZEN OF	WHAT COUNTRY?	AA A P.D.IE	D NEVER MARRIED	BALTIMORE CITY	R COUNTY	OF DEATH	
1	N	ew York		U.S	.A.	WIDOWE		Prince Geo	rges C	County	
1/1/4/	10 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12h. KIND (	OF BUSINESS
ZIV		Laurel	Y	Greater	r Laurel	Belts	ville Hospital	Barber			ber Sh
III be iii	13a S	al RESIDENCE IF NUR. STATE laryland	136 COUN P.G	ITY	I GIVE RESIDENCE BEFORE  13c. CITY OR TOW  Laure	N	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 401 Mon	tgome	ry St	
shous	14. FA	THER'S NAME					15. MOTHER'S MAIDEN NAM	WE		-	
med / Sugar		Joseph	^	MIDDLE	Greco		Louisa	MIDDLE		Carl	one
Pages 1 and 1, the medica	láa V	VAS DECEASED EVER (ES, NO OR UNKNOWN) NO R		MED FORCES? WAR OR OATES)	110-03		June L. To	omanelli <i>p</i>	82 C	ounty yville	Line
emo remo		gave rise to imi cause (a), statis	ng the	DUE TO. O	R AS A CONSEQUE	NCE OF	(	mia			
Then blease removed to the property of the pro	CATION	cause (a), statie underlying cause	ng the last.  NIFICANT C	CONDITIONS CO	ontributing to a	DEATH BUT	NOT RELATED TO THE TERM  ONE N WAS PERFORMED		20b. IF YES	, WERE FINDI	NGS USED
prior to burial, creaws any injury, or or	TIFICATION	cause (a), stating underlying cause	ng the last.  NIFICANT C	CONDITIONS CO	ontributing to a	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	206. IF YES		NGS USED
Hygiene prior to burnal, crem n 18 shows any injury, or or	CERTIFICATION	PART 2 OTHER SIGNATE OF OPERA  19a DATE OF OPERA  21a, ACCIOENT WAS UNI	ng the last.  NIFICANT C  TION  DERLYING	ONDITIONS CO	ONTRIBUTING TO DE	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON  200 AUTOPSY?  YES NO	20b. IF YES IN CERTIF YES	S, WERE FINDI YING CAUSES S	NGS USED S OF DEATH?
lental Hygiene prior to burial, crer or Item 18 shows any injury, or or		PART 2 OTHER SIGN  19a DATE OF OPERA  21a, ACCIOENT WAS UNI OR CONTRIBUTING  (# EITHER, NOTIFY MEDIC	INFICANT COLOR	ONDITIONS CO 196 COND 196 COND HOUR A.	ONTRIBUTING TO DE STATE OF INJURY M. MONTH DAM.	DEATH BUT	NOT RELATED TO THE TERM  WAS PERFORMED  121c. HOW INJURY OCCURE	INAL DISEASE OR CON  200 AUTOPSY?  YES NO	20b. IF YES IN CERTIF YES	S, WERE FINDI YING CAUSES S	NGS USED S OF DEATH?
nsit permit. Then please rem Hygiene prior to burial, crei m 18 shows any injury, or oi	MEDICAL CERTIFICATION	Cause (a), statis underlying cause  PART 2 OTHER SIGN  19a, DATE OF OPERA  21a, ACCIDENT WAS UNI OR CONTRIBUTING (# EITHER, NOTIFY MEDIC  21d, INJURY OCCUR	TION  DERLYING CAUSE OF DEA	ONDITIONS CO.  196 COND  196 COND  116 TIME O. HOUR A. P.  210 PLACE	ONTRIBUTING TO DE STATE OF INJURY M. MONTH DAM.	OPERATION  YEAR  19	NOT RELATED TO THE TERM  MAS PERFORMED	INAL DISEASE OR CON  200 AUTOPSY?  YES NO	20b. IF YES IN CERT IF YES	S, WERE FINDI YING CAUSES S	NGS USED S OF DEATH?
UCH: Atter this certinizate has been signed by the use as the burial-transit permit. Then please erm Health and Mental Hygiene prior to burial, cret 21 is marked or Item 18 shows any injury, or or		PART 2 OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNION OR CONTRIBUTING  (# EITHER, NOTHY MEDIC  21d. INJURY OCCUR  WHILE NOTW AT WORK AT WO  22a. L certify that (1)  sow the decease above, (1) (we) (1)	DERLYING CAUSE OF DEA	ONDITIONS COLUMN THE COND  21b. TIME O HOUR A. P. 21e PLACE (AT HOME, STI	ONTRIBUTING TO DE LE	OPERATION  Y YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM  OF C NOTE  N WAS PERFORMED  211. HOW INJURY OCCURR  211 LOCATION  STREET  19 8 C  and that in LOCATION opinion of	INAL DISEASE OR CON  200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUIT  CITY OR TO	20b. IF YES IN CERTIFY YE. RY IN ITEM 18, P.	county	NGS USED S OF DEATH? NO STATE
ed for use as the burial-transit permit. Then please rement of Health and Mental Hygiene prior to burial, crefiltem 21 is marked or Item 18 shows any Injury, or or		PART 2 OTHER SIGN  19a DATE OF OPERA  21a, ACCIOENT WAS UNION OR CONTRIBUTING (# EITHER, NOTHY MEDIC 21d, INJURY OCCUR WHILE NOT WAT WOOR AT W	DERLYING CAUSE OF DEA	ONDITIONS COLUMN THE COND  196 COND  196 COND  216 TIME O HOUR A. P.  21e PLACE (AT HOME, STI	ONTRIBUTING TO DE LE	OPERATION  Y YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM  WAS PERFORMED  211. HOW INJURY OCCURE  211 LOCATION  STREET  19 8 C  and that in Lawy Dour) opinion of the physician	INAL DISEASE OR CON  200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUIT  CITY OR TO	206. IF YES IN CERTIF YES RY IN ITEM 18, P.	county  19  22c. DATE	NGS USED S OF DEATH? NO STATE
hed for use as the burial-transit permit. Then please tem Dept. of Health and Mental Hygiene prior to burial, cren If Item 21 is marked or Item 18 shows any injury, or or		PART 2 OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNION OR CONTRIBUTING  (# EITHER, NOTHY MEDIC  21d. INJURY OCCUR  WHILE NOTW AT WORK AT WO  22a. L certify that (1)  sow the decease above, (1) (we) (1)	DERLYING CAUSE OF DEA	ONDITIONS COLUMN THE COND  196 COND  196 COND  216 TIME O HOUR A. P.  21e PLACE (AT HOME, STI	ONTRIBUTING TO DE LE	OPERATION  Y YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM  WAS PERFORMED  211. HOW INJURY OCCURE  211 LOCATION  STREET  19 8 C  and that in Lary Dour) opinion of the physician ( 212 ADDRESS	INAL DISEASE OR CON  20e AUTOPSY?  YES NOTE  RED (ENTER NATURE OF INJU  CITY OR TO:  deoth occurred on the d  MEDICAL STA  DIRECTOR PHYSH	206. IF YES IN CERTIF YES RY IN ITEM 18, P.	county  19  22c. DATE	NGS USED S OF DEATH? NO STATE  thot (we) e couses stated
hould be detached for use as the burial-transit permit. Then please remuith the State Dept. of Health and Mental Hygiene prior to burial, crew MPORTANT: If Item 21 is marked or Item 18 shows any injury, or or	MEDICAL	PART 2 OTHER SIGN  19a DATE OF OPERA  21a, ACCIOENT WAS UNION OR CONTRIBUTING (# EITHER, NOTHY MEDIC 21d, INJURY OCCUR WHILE NOT WAT WOOR AT W	DERLYING CAUSE OF DEAL EXAMINER)  This hospit ed olive an add to ded not the state of the state	ONDITIONS COLUMN TO THE PLACE (AT HOME, STILL) OTTEN THE DOCUMENT TO THE PLACE (AT HOME, STILL) OTTEN THE DOCUMENT THE PLACE (AT HOME, STILL) OTTEN THE DOCUMENT THE PLACE (AT HOME, STILL) OTTEN THE	ONTRIBUTING TO E  A GUILLIAN  OF INJURY  M. MONTH DA  M. OF INJURY  REET, FACTORY, OFFICE, F  ofter death.  19 S  AH NE  123c N	OPERATION  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM  WAS PERFORMED  211. HOW INJURY OCCURE  211 LOCATION  STREET  19 8 C  and that in Lary Dour) opinion of the physician ( 212 ADDRESS	INAL DISEASE OR CON  280 AUTOPSY?  YES NOW  CITY OR TO:  MEDICAL STA  JOIRECTOR PHYSIC  23d. LOCATION  123d. LOCATION	206. IF YES IN CERTIF YE.  RY IN ITEM 18, P.  WIN  COLOR ON HOU  FF  CIAN    CIAN   CIAN   CIAN   CIAN   CIAN   CIAN   CIAN   CIAN   CIAN    CIAN   CIAN   CIAN   CIAN   CIAN   CIAN   CIAN   CIAN   CIAN   C	county  19 87  19 87  19 87  19 87  19 87  10 DATE  10 DA	STATE  thorw(we) couses stated  E SIGNED  - 26 - 8

Prince Corres Courts

Creater Laurel Beltsville Hospital MANNET

The second secon

10 >	1,	FOR			DEPART	STA MENT OF		MARYLAN H AND ME		YGIEN	E	2	7 2	9	1
/ /- N	1.	STATE REGISTRAR		ME	DICAL	EXAMIN	ER'S	CERTIFIC	CATEC	F DEA	TH	REG. NO.			
( NA)		CEASED NAME PE OR PRINT)	FIRST		MIDDLE	311		LAST			2a. DATE KN	IOWN X	MONTH DA	Y YEAR	2b. HOUR
20086	4		Imelo		B.		Gria				DEATH M	ATED .	10 29	9 19 81	M
PEECTO STREET	3. SE		. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE LAST BIRTHD	AY) MONT		IF UNDER	24 HRS.	2c. DATE		MONTH DA		12:41 P. M
ARY VOU TOV TOV	F	emale R		Feb. 21			RS.				DEAD		10 29		P. M
PRESS A SERVICE SES	7 70. B	DREIGN COUNTRY)				AIRY?		HED NEV			9. BALTIMOI				
S NE S NE S NE S NE	10, C	ITY OR TOWN O	Islands	U.S.A.		RSING HOM	WIDOV		DIVORC		JAL OCCUPAT	CE GEO		Count KIND OF BU	
AY I		Oxon Hil		(IF NOT IN SUCH F.		TREET ADDRESS)		04		FOR A	cal Te	G LIFE)		OR INDUST	RY
T DEL	USU.	AL RESIDENCE (IF	F IN NURSING HOME O	OR OTHER INSTITUTION, G	IVE RESIDENCE	BEFORE ADMISS	DT. I						Ple	edica.	
21201 F ANY AND RETA HOULD	Ma.	ryland	Prince	e George		Hill		13d. INSIDE CI	NO		Marcy		ie #10	Ol.	
MD. H. IF. 17. 2. 3. 7. 2. 5. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	14. F.	ATHER'S NAME		WIDDLE		LAST		15. MOTHE	R'S MAIDE				11 2	LAST	
RE, I	0	Demetrio	1	M.	Beli	sario		Ca	ndida					bada	
TER DE SON	160.	WAS DECEASED I	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)		CIAL SECURIT		17. INFORM				827 Ma	rcy A	ve.	<b>#104</b>
W. PRESTON ST., BALTIMORE, MD. WITHIN 24 HOURS AFTER DEATH. IF FENCIL IN ITEM 18, GIVE PAGES 1, 2, MAINER ALONG WITH PORM PM 3. TRANST PERMIT, PAGES 1 AND 2.5 ENTAL HYGIENE, DIVISION DEVITAL OR REMOVAL.		No				78-763	4	Edga	rdo A	. Gr	iarte	Oxon	Hill	, ma.	
ST., OUR 118. MIT. IE, DI		18 CAUSE OF PARTIDEA	DEATH (Enter onli	ly one cause per line									ВІ	APPROXIMATI ETWEEN ONSE	
ON TEN HER GIEN VAL	1	963	O IMMEDIAT	L CHOSE (d)		re Str	-	ation							
HIN HIN NSIT			, if any, which		CAS A COL	43EQUEINCE	OI .								
W. WITH TRANSPORTED TO SERVICE TO	1	cause (a) st	ta immediate tating the under-	DUE TO, OF	RASACON	NSEQUENCE	OF								
UTED IN P		lying cause	last.	(c)											
DIVISION OF VITAL RECORDS, 201 S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN PROFE TO THE CHIEF MEDICAL RELEASE AS SHOULD BE USED AS A BURRAL EDEPARTMENT OF HEALTH AND ME OF PRIOR TO BURRAL, CREMATION,	4.7	PART 2 OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	ATEO TO THE TERA	INAL OISEAS	E OR CONDITION	GIVEN IN PA	RT 1 (a).					
A S A S A S A S A S A S A S A S A S A S	NO.														
ALRI DULD DULD SED F HE IAL,	N S	190 DATE OF O	PERATION	19b. COND	ITION FOR	WHICH OPER	N NOITA	VAS PERFOR	MED?				20	AUTOPSY'	
SH CH	MEDICAL CERTIFICATION	21g EXTERNAL	CALISEWAS	21b. TIME O	E INTUINV		121. U	OW INTEREST	OCCUPE		NATURE OF INJURY			YESXX	NO 🗌
TATE OF THE CONTROL O	I O	UNDERLYING	XXIOR	HOUR A.A	A. MONTH	DAY YEAR 29 19 8	3					IN HEM IS PAK	I I OR PART 2)		
SHO TO TO SHOP	100	21d. INJURY OC		21e PLACE	OF INJURY	(AT HOME,	21f. LC	ubject CATION	was	stra	ngrea	-			-
DIV IS CE RRDEI SCE 3 CE 3 CE 3 CE 3 CE 3	A.	WHILE AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, E	etc.)		STREET 7 Marcy	v Avo	An	t. 104	Ovon	HILL	Princ	STATE
REWARE PA				e of the remains de				osy XX			Г	Geo	rge s	Co.,	Ma.
ATHE FOR		death resulted		al causes .	Accident		icide		Inspection		Inquiry L ermined mann		л ту аріпіап		
ERTIIL B WITH		, acam resoned	1 .		Accident		icide	TITLE (SE		Onder	ernmed mann	,			
A HE A LOUGH		ACTUAL SIGNATURE	lugen	us La	Man		^		istan	† MED	ICAL EXAMIN	ER	DATE	0-30-	81
NER TETT	1	EXAMINER'S N	AME VI												
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PEEXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECT TO FOUNDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTON STEEL PAGES 19. WITHIN 72 HORD AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTON STEEL MARY WARYLAND, 21201 PRIOR TO BURNAL, REMATION, OR REMOVAL.	>-	(TYPE OR PRINT	T)	ginia L.			•	ADDRESS_			nn Stre				
1702	23a.E	SPECIFY)	ON, REMOVAL 2	3b. DATE 11/3/81		NAME OF CE				23d. LC	CATION OR YOWN Clinto	_ 7	COUNTY		TATE
BP	24. F	Buri UNERAL DIRECTO			760.0	xon Hi	11 P	d.	250. DATE I	REC'D. BY	REGISTRAR	n Pr			ryland
DHMH - 17 (VR A15 ME (5))	-	NAME		uneral Ho	me	Oxon E	111.	Md.	NO	V.	REGISTRAR 3 1981	Cisares	is Jan	Mart	hen
15M 2/80													4		

no on 11 .do on

.A.d.U abnefal moleculan

Verwiand Frince Seorge Cron Hill a 827 Marcy Avenue #10h

Destric M. delignate Jandida Cardida

c 220-76-76-76-76 Ejermic . dierte Cxon Hill. Me.

Jurial 11/3/81 Resurrection Cemetery Olinton Fr. Geo. Maryland 6160 Oxon Fill Ro.

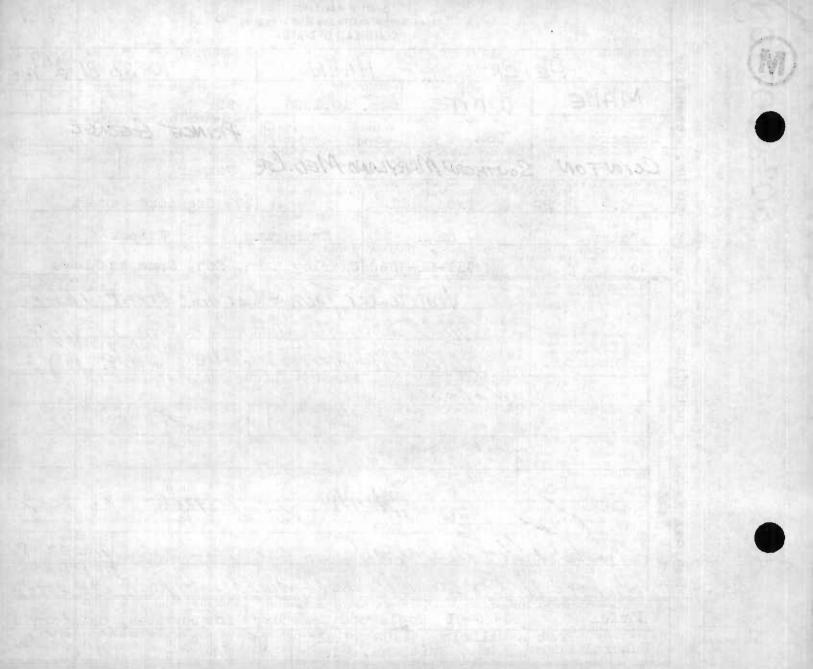
Deorge F. Wils burnel Home Cron Hill, 'c.

11 1	1	FOR					MARYLAND H AND MENTAL I	VOIENE I	67	7	9 9	a
10	1-	STATE REGISTRAR		ME			CERTIFICATE (			• 1	Can !	•
		CEASED NAME	FIRST	-	WIDDLE	THER 3	LAST		REG. NO	_	DAY YEAR	2b. HOUR
38 of 45 22 mi	(TY	PE OR PRINT)	Agne	c	٧.	Gr	ibble	OF OF	ESTI-	10	15 1981	
RECEDEN	3. SE	X 4	RACE	5. DATE OF BIRTH	6. AGE (F	YEARS IF U	NDER 1 YR. IF UNDER			MONTH	DAY YEAR	7d. HOUR
Chair A		emale	White	3 - 25.	YEAR LAST BIR 1908 73	YRS.	HS DAYS HOURS	MIN: PRONO	UNCED	10	15 1981	4:25
- CERTIFICA	7a. B	IRTHPLACE (STA		76. CITIZEN OF W	HAT COUNTRY?	8		9. BALT	IMORE CITY O			1 a.M
の表面を表して		VIRGINIA	4	U.S.	Α.		VED X DIVOR		ince Ge	orge	s Coun	tv. MD
TIS NE FULLED.	10. C	ITY OR TOWN O	F DEATH	11. NAME OF HO	SPITAL, NURSING HO	ME, OR OTH	HER INSTITUTION	12a. USUAL OCC	UPATION (TYPE		12b. KIND OF B OR INDUS	USINESS
OT Y DELAY IS NE O 3 TO THE FU AIN PAGE 5 ILD BE FILED, ORDS, 20 W		Cheverly		Prince G		neral	Hospital	HOUSEV	VIFE		AT HO	ME
AORE, MD. 21201 R DEATH. IF ANY DELA AGES 1, 2, AND 3 TO T RAM PM 3. RETAIN PA 1 AND 2 SHOULD BE F V OF VITAL RECORDS, 2	USU 13a. S	AL RESIDENCE ()	113b. COUN	OR OTHER INSTITUTION, C	13c. CITY OR TOWN	ISSION)	134. INSIDE CITY LIMITS?	13e. STREET ADD	DESS			
P F ANY AND S F F ANY F F AND S F F F AND S F F F AND S F F F F AND S F F F F F F F F F F F F F F F F F F		Md.	P.	G.C.	CAPITOL		YES X NO	6107	ELDER	ST.		
MD. M. 3. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	14, F	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAID	EN NAME	WIDDLE		LAST	
DEATH OF AND 2 AND		CLARENC		E.	PEDIGO		MARGAR	ET	M.	D	OWNS	
TIM TER TER ON ON	16a. \	VAS DECEASED ES, NO, OR UNKNOW	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECU		17. INFORMANT		ADDRESS	RT.	2 BOX	432
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, F. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH PORM P. PAGES SHOULD BE USED AS A BURIAL-TRANSIT PERMIT, PAGES 1 ANI STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OFW.		NO	-	COL CAS COS COS CAS CAS	219-56-0	567	DOROTHY	L. DIXON	QUE	ENST	OWN, Md	
ST., OUR MIT. E, D		18 CAUSE OF PART I DEA	DEATH (Enter or TH WAS CAUSE		e far (a), (b), and (c).)	1 • .	0 1				APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
ON STATE ON		1129		TE CAUSE (a)			Cardiovas	cular Di	sease			
ASTITUTE OF THE STATE OF THE ST		Canditians	, if any, which		R AS A CONSEQUENC	.E OF						
W. PRES: WITHIN SINCIL IN AINER A TRANSII VITAL HY	-	gave rise	ta immediate	(b)	R AS A CONSEQUENC	. O.						
UTED IN PER EXAM	1	lying cause		1000	AS A CONSEQUENC	,E OF						
RDS, 2011 EXECUTED NG" IN PI CAL EXA N BURIAL- 1 AND ME WATION, (		PART 2 OTHER SIGN	INFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	EDMINAL DISEAS	E OR CONDITION GIVEN IN P	IDT 1 (a)			1	
BIVISION OF VITAL RECORDS, S. CERTIFICATE SHOULD BE EXECT RETRING THE WORD "PENDING". E.S. SHOULD BE USED AS A BUR E. DEPARTMENT OF HEALTH ANI OT PRIOR TO BURIAL, CREMATIT OT PRIOR TO BURIAL, CREMATIT OT PRIOR TO BURIAL, CREMATIT OTHERS TO BURIAL, CREMATIT OTHERS TO BURIAL, CREMATIT	N N					CAMINAL DISCAS	C OK CONDITION GIFTER IN F	ANT 1 107.				
LREAL PER HEALT CALL	MEDICAL CERTIFICATION	19a. DATE OF C	PERATION	19b. COND	ITION FOR WHICH OF	PERATION W	/AS PERFORMED?				20 AUTOPS	(?
SHOULD ORD "PE USED / I OF HE I OR HE I OF HE I OR I OR I OR I OF HE I	F										20 AUTOPSY (part YES X	ial) NO □
CORP. HE WAR	E E	21a. EXTERNAL		21b. TIME C		AR 21c. H	OW INJURY OCCURR	ED LENTER NATURE OF	INJURY IN ITEM 18 P	ART 1 OR PAR		
ON THE CANAL ON THE CONTRACT OF THE CONTRACT O	3	CONTRIBUTING	OR G CAUSE OF	DEATH P.A		-AK						
S CERI S CERI RETING RDED SE 3 SP IE DEP	E I	214 INJURY OC WHILE	CURRÉD NOT WHILE		OF INJURY (AT HOME		CATION	CITY OR	IOWN	COL	INTY	STATE
MRI WRI	1		AT WORK									
ATE, DORW		22a. I certify	that I taak charg	ge of the remains de	scribed above, held by	ial )	sy X Inspection	in , lnqui	ry . and	d in my ap	inian	
MANN BE FE		death resulted	I fram: Natu	ral causes X	Accident	Suicide	, Hamicide .	Undetermined	manner,			
DIE WIT		ACTUAL	Alex.	40	A		TITLE (SPECIFY)					
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		SIGNATURE	Jungen	a LNO	lan	N	<sub>A.D.</sub> <u>Assistan</u>	MEDICAL EX	AMINER	DATE SIGNE	10-16	5-81
MOLE NO.	1	EXAMINER'S N	AME U		, D. I M	5	Contract of the					
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STATIONE, MARYLAND, 2	22.5	(TYPE OR PRIN	T)V	rginia L	. Dolan, M		ADDRESS	II Penn				
0000	230. E	URIAL, CREMATI			23c. NAME OF			23d. LOCATION	AND	PAG		Md.
BP	24. F	BURIA UNERAL DIRECT		10-20-198	CEDAR	HILL	CEMETERY 250. 240	SUIT!		JRAR'90	C M	170.
DHMH - 17 (VR A15 ME (5) )		A 1 4 4 4 W	HAMBERS	CO. 517 5	s 11th ST.	S.E.	WASH.	ICS ALBA	1 design			
15M 2/80												

and the state of t TO STATE TO STATE OF THE STATE ----- 219-Se-D367 semmer to .. 1920m of guarantee ...

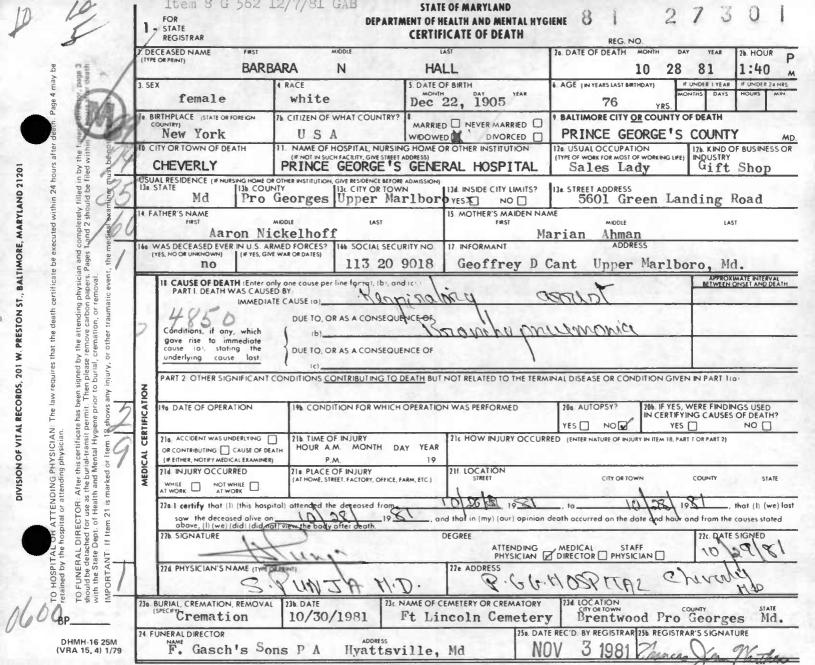
354 200 2 . Sk

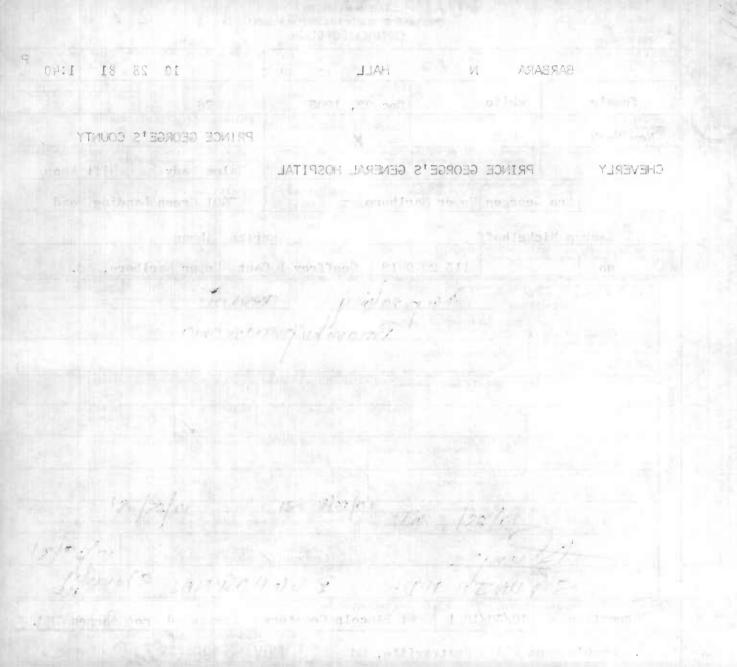
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. L DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) ETER in 1 end 3. SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS DAVS Dec. 10.1885 95 PRINCE GORG To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED ന് USA Hungary WIDOWEDS DIVORCED [ CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Farmer HE I DATE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 0 PG 703 Crawford Street Oxon Hill Md. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST 0 Katherine Kaiser Peter Hahn 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 16h SOCIAL SECURITY NO. d (IF YES GIVE WAR OR DATES) 0 No 551-01-8660 Charley Hahn, Son, Same as Above (1) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for xa), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a and Conditions, if ony, which gove rise to immediate couse (a), stating the (1) underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS MONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/g -H DIVISION OF VITAL RECORDS. O 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 0 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M -1 21f. LOCATION am 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE ahn AT WORK 220 I certify that (1) (this hospital) attended the deceased from saw the deceased alive an and that in (my) (of) opinion death accurred an the date and haur and fram the causes stated abave, (1) (ye) (did) (did not) view the bady after death 226 SIGNATURE DEGREE 22c. DATE SIGNED Ü ATTENDING MEDICAL STAFF 0 --PHYSICIAN TO DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 0 22e. ADDRESS 23a BURIAL, CREMATION, REMOVAL 23d LOCATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY Burial 10-26-81 Inglewood Cemetery Los Angeles, California 24. FUNERAL DIRECTOR RObt E Wilhelm, 4308 Suitland DATE REC'DABY REGISTRAR DHMH - 16 50M 7/77 Funeral Home (VRA 15 (4)) Rd., Suitland, Md.



1/		115 16 TYPE 1 L	STATE OF MARYLAN	
10		FOR STATE	DEPARTMENT OF HEALTH AND M	
No.		REGISTRAR	CERTIFICATE OF DE	REG. NO.
	m 4	1. DECEASED NAME (TYPE OR PRINT)	ARY T. HAIGHT	20 DATE OF DEATH MONTH DAY YEAR 26. HOUR
	y be	171	ARY J. HAIGHT	10 27 81 1215pm
	bod bod	3 SEX	4. RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 VRS
	96	Female	White 9-15-1882	99 YRS 800 800 800 800 800 800 800 800 800 80
	9	70. BIRTHPLACE (STATE OR FORE	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MA	ARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
	deot	Penna.	U.S.A. WIDOWED X DIVE	DRCED Pr. Geo. MD.
	in 11 10	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	TUTION 128 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
102	1 1/0	Hyattsville	Carroll Manor	Housewife -
212	hou the hour	USUAL RESIDENCE (IF NURSING	G HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13d. INSIDE CITY OR TOWN   13d. INSIDE CIT	Y LIMITS? 13g. STREET ADDRESS
AND DA	hin 24 h	Md.	77	4922 - LaSalle Rd.
RYL	± 52 ±	14. FATHER'S NAME	MIDDLE LAST 15. MOTHER'S A	MAIDEN NAME RST MIDDLE LAST
WA	w be w and and and	Jacob		aria Kramer
BALTIMORE, MARYLAND 2120	recut id co	160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMAN	ADDR8705-Clover Hill
₩ W	n and c	No	- 217-46-7483 Jos	an Beebe (Niece) Lane, Olney, Md.
SALT	ficate the physicial papers and	18 CAUSE OF DEATH	Enter only one couse per line for (o), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	phy phy pho pho phy phy phy phy phy phy phy phy phy phy	PART I. DEATH WAS	MAMEDIATE CAUSE (0) Artenios derosis, 2en	eralized undet.
N	th cer nding corbc	4409	DUE TO, OR AS A CONSEQUENCE OF	
ESTO	deoth ce ottendin nave corb otten, or i	Canditions, if any, v	which (b)	
8	the creme	gove rise to immer		
≥	by the	underlying couse	lost.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	gned n plec		CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
8	The Inju	NO NE  190. DATE OF OPERATION  210. ACCIDENT WAS UNDER		
5	beer rmit.	S 190. DATE OF OPERATIO	196 CONDITION FOR WHICH OPERATION WAS PERFOR	MED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
AL R	The form on the form of the fo	I NIA	THE RESERVE AND ADDRESS OF THE PARTY OF THE	YES NO YES NO
\ 	og physicia certificate riol-tronsit ental Hygi	210, ACCIDENT WAS UNDER		JRY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
0	IYSICIA ding pl is certif buriol-t Mental	(IF EITHER, NOTIFY MEDICAL	74 1732	
1019	+	(IF EITHER, NOTIFY MEDICALI	STREET	CITY OR TOWN COUNTY STATE
N N	OING P or offer the e as the olth and marked	WHILE NOT WHILE AT WORK	מיים	
			his hospital) attended the deceased from	19 57, to OCA 27, 19 81, that (1) (we) last
	OR ATTEN or hospital DIRECTOR, oched for up Dept. of He	saw the deceased obove, (1) (we) (did	olive on UCF 25 19 81 , and that in (my) (a 4 (did not) view the body after death.	opinion death accurred on the date and hour ond from the couses stated
	OR A boss boss boss best best best best best best best be	22b. SIGNATURE	DEGREE	220. DATE SIGNED
-	Y the CAL D detoc detoc of the D	Mulli	Offurper, MA	TENDING MEDICAL STAFF  TYSICIAN DIRECTOR PHYSICIAN   10/27/61
	d by	22d PHYSICIAN'S NAM	E (TYPE OR PRINT) 22e. ADDRESS	Che For sal
	JO HOSPITAL ( TO FUNERAL I should be deto with the Stote I IMPORTANT: II	William	F. Simpson MD 8106/	VITTI ( fore. 0111. op) 14 20903
110	755	230. BURIAL, CREMATION, RE		CITY OR TOWN COUNTY STATE
7	BP	Burial	10-31-81   Cedar Hill C	em. Suitland Pr.Geo. Md.
	DHMH - 16 60M 1/75	24. FUNERAL DIRECTOR	ADDRESS	250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	(VR A 15 (4))	Nallev's F	H.Inc. Mt. Rainier. Md.	NOV 3 1981 72.

SECOND TO THE RESERVE OF THE PARTY OF THE PA to be a second - good - to be a second by the second by th 100 - 





10 31 81 7:34	FALL	3 3.1.138	1 SAI
15 66	1 -45 -9	neiseous 3	Femile
PRINCE GEORGE'S COUNTY	X	.A.2.U	Vermont
AL Secretary-1.C. Govt. Retire	GELERAL HOSPITA	PRINCE GEORGE'S	CHEVERLY
12504 Kayanayen Lane		. Geo. Bowie	19
rice	eati	Glicco	Frank
ncer Hall Same as # 13	5326 W. Soer	-80-800	οV
	sent the term	Last	
Thursdy Joseph - years	Algaria M.	K. ,	
10 4 5 6		0.127.5	
		House -	
15 Pet 11/ PTE 1418 1118 1118		RECHBE	
Br∉ntwoor Pr. Ceo. Mr.		11-4-1981 Ft 1 Funeral Hone a nolis Rc. Bow	1=98

	1 DE	REGISTRAR CEASED NAME	FIRST		MIDDLE		ERTIFICATE O		REG. N	_			
		E OR PRINT)	7 1107					O			DAY	YEAR	26 HOUR
	3. SEX	IA RA	Char	S DATE OF BIRTH	arry	De LE LIN	Harley DER 1 YR.   IF UNDER	DEA		10 L	9 DAY	981 YEAR	M
		Amer	ican	MONTH DAY	YEAR LAST BIRTHDA	Y) MONTH		MIN: PRONC	ATE DUNCED				2d. HOUR
		nale Indi	an .	Oct. 7, 1		S.			IMORE CITY	10		19 81	5:13
7	W E	sh. D.C	_	U.S.A.	AT COUNTRY!	MARRI WIDOW	ED NEVER MARRII	ED 🔼	Prince				y MD.
1	10. CI	TY OR TOWN OF DE	ATH	(IF NOT IN SUCH FACI	ITAL, NURSING HOME,			120 USUAL OC	CUPATION (TYPE	PE OF WORK	OR	D OF BUS	Y
2		linton		Souther	rn Maryland	Hos	pital	Clerk			Foo	d 51	tore
5	Ma Ma	rate iryland	131 COUNT	ROTHER INSTITUTION, GIVE TY T1es	residence before admission in the control of the co		13d. INSIDE CITY LIMITS? YES NO 🙀	13e STREET ADI	Brewst	er L	ane		
1	14. FA	THER'S NAME John		MIDDLE	LAST		15. MOTHER'S MAIDE FIRST		WIDDLE		-	AST	
U	lán W	AS DECEASED EVER	INIIS ARA		Harley	NO.	Marie 17. INFORMANT		I .		oct	OF	
>	(YE	S, NO, OR UNKNOWN)	(IF YES, GIVE V		214-68-8		John R.	Harle			13		
1			TH (Enter only	y one couse per line fo		342			y dame	. 45		ROXIMATE	INTERVAL
		Conditions, if gave rise to couse (a) stating lying couse last	immediate g the <u>under</u>	(c)	s a consequence o	)F							
- 1	- 1	PART 2 OTHER SIGNIFICAL	NE CONBITIONS C	ONTRIBUTING TO DEATH BU	T NOT PELATED TO THE TERMIN	NAL DICEACE	OR CONDITION CHEEN IN DAR	* 1					
	NOI	PART 2 OTHER SIGNIFICAL	NI CONDITIONS C	ONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMIN	NAL DISEASE	OR CONDITION GIVEN IN PAR	T 1 (a).					
	ICATION	PART 2 OTHER SIGNIFICAL 19a. DATE OF OPER			ON FOR WHICH OPERA			11 (0).			2D. A	JTOPSY?	
	RTIFICATION	19a. DATE OF OPER	ATION	19b. CONDITIO	on for which opera	ATION W	AS PERFORMED?				Y	UTOPSY?	NO []
	ICAL CERTIFICATION	190. DATE OF OPER 210. EXTERNAL CAU UNDERLYING  CONTRIBUTING	ATION ISE WAS OR CAUSE OF D	21b. TIME OF II HOUR A.M. P.M.	ON FOR WHICH OPERA NJURY MONTH DAY YEAR 19	21c HC	AS PERFORMED?		FINJURY IN ITEM 18	BPART I OR PA	Y		NO 🗆
^^	MEDICAL CERTIFICATION	190. DATE OF OPER  210. EXTERNAL CAU UNDERLYING CONTRIBUTING 71d INJURY OCCUR WHILE NOT	ATION ISE WAS OR CAUSE OF D	19b. CONDITION 21b. TIME OF III HOUR A.M.	DN FOR WHICH OPERA  NJURY MONTH DAY YEAR  19  INJURY (AT HOME.	21c HC	AS PERFORMED?				Y		NO .
1	MEDICAL CERTIFICATION	210. EXTERNAL CAU UNDERLYING CONTRIBUTING To Injury Occur WHILE NOT AT WORK AT V	ATION  ISE WAS  OR CAUSE OF D  RED WHILE VORK  I took charge	21b. TIME OF II HOUR A.M. P.M. 21e PLACE OF STREET, FACTOR	NJURY MONTH DAY YEAR  19 FINJURY (ATHOME. RY, FARM, ETC.)	21c HC	AS PERFORMED?  OW INJURY OCCURRED  EATION  IREET  J Inspection  Homicide	O (ENTERNATURE O	iry , ar		YI ART 2}		
35002	MEDICAL CERTIFICATION	19a. DATE OF OPER  21a. EXTERNAL CAU UNDERLYING  CONTRIBUTING 21d INJURY OCCUR WHILE  NOT AT WORK  AT V	ATION  ISE WAS  OR CAUSE OF D  RED WHILE VORK  I took charge	21b. TIME OF II HOUR A.M. P.M. 21e PLACE OF STREET, FACTOR	NJURY MONTH DAY YEAR  19 FINJURY (ATHOME. RY, FARM, ETC.)	21c HO	AS PERFORMED?  OW INJURY OCCURRED  EATION  Inspection	CITY OF LINE O	iry , ar	co	YINT 2)		STATE
2		21a. EXTERNAL CAU UNDERLYING CONTRIBUTING This is a contribution of the contribution o	ATION  ISE WAS  OR  CAUSE OF D  RED  WHILE VORK  I took charge m: Notion	21b. TIME OF II HOUR A.M. 21e PLACE OF STREET, FACTOI 21c dusts A	NJURY MONTH DAY YEAR  19 FINJURY (AT HOME. RY, FARM, ETC.)  ibed above, held an Accident Suice	21f. LOC S Autops	AS PERFORMED?  OW INJURY OCCURRED  EATION  IRRET  J. Inspection  Homicide  TITLE (SPECIFY)  D. ASSISTAN	CITY OF Undetermined	iry , ar	nd in my ap DATE SIGNE	YINT 2)	1/10/	STATE
2	73a. BU	190. DATE OF OPER  210. EXTERNAL CAU UNDERLYING CONTRIBUTING 21d INJURY OCCUR WHILE AT WORK AT V  220. I certify that death resulted from ACTUAL SIGNATURE	ATION  OR CAUSE OF D  RED  WHILE VORK  I took charge m: Noture	21b. TIME OF II HOUR A.M. 21e PLACE OF STREET, FACTOI 21c dusts A	NJURY MONTH DAY YEAR  19 FINJURY (ATHOME, RY, FARM, ETC.)  ibed above, held an Accident Suice  M.D.  23c. NAME OF CEM	21f. LOC S Autops	AS PERFORMED?  OW INJURY OCCURRED  TATION  FREET  J. Inspection  Homicide  TITLE (SPECIFY)  D. ASSISTAN  ADDRESS 111 P	CITY OF TOTAL CONTROL OF THE PROPERTY OF THE P	iry, or, amonner, AMINER	nd in my ap DATE SIGNE	YINT 2)  DIUNTY  PINION  PO 10	1/10/	STATE

and tate ser. 1944 x. Profess I. Profess El de anne yourst. Burn. Horizottal Li-1-II Institute Campatery Ulician, I. C., britain Nunct Furmped Arms, helders, heryland bed all and

	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	7 3 0 4
M % # B B B B B B B B B B B B B B B B B B		CEASED NAME FIRST MARGAE	RET RUSSELL	HARRELL	20. DATE OF DEATH MONTH DAY	YEAR 81 10:30 M
ge 4 ro	3. SE	Female	4 RACE Cau	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UMON MODERN TO THE MACHINE TO T	THE DAYS HOURS MIN.
eoth. Par n 72 hou	0	RTHPLACE (STATE OR FOREIGN OUNTRY)  irginia	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED MONORED	Prince George	
rs after des	10 C	ity or town of death akoma Park, MI	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET.) 901 Conley	G HOME OR OTHER INSTITUTION ADDRESS) Road	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) not employed.	12b. KIND OF BUSINESS OR INDUSTRY
212 be be		STATE 136 COUN		ma Pkyes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	901 Conley Roa	ıd
BALTIMORE, MARYLAND rote be executed within 24 spers; Poges I and 2 should vol. 1, the medical examiner mus	14. F	James	Rodger		Gre	e <b>n</b>
be execut an ond co			WAR OR DATES)	-5350 201 Conley	t Stubbs ADDRESS Rd., Takoma Pa	
T.,			ly one couse per line for (a), (b), and D BY: E CAUSE (a)	Rek Stroke		BETWEEN ONSET AND DEATH  5 min.
DIVISION OF VITAL RECORDS, 201 W. PRESTON S  NG PHYSICIAN: The law requires that the death cer- outending physician.  Mer this certificate has been signed by the attending as the burial-transt permit. Then please remove carbo th and Mental Hygene prior to burial, cremation, or re- orked at Item 18 shows ony injury, or ather troumatic e-		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE  (b) Chron  DUE TO, OR AS A CONSEQUE  (c) Diabetes	ic Cerebral Vas	scular Disease	Many years
requires the signed Then plee in to burio injury, or	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS <u>CONTRIBUTING TO </u>	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN	
AL RECOI	CERTIFICATION	None	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		VERE FINDINGS USED IG CAUSES OF DEATH?
ON OF VITA  TYSICIAN: TI  ding physical  burial-transit  Mentol Hygin  or Item 18 sh	MEDICAL CEI	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (HE EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 N/A 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, PART	
DIVISI VDING PH I ar ofter th Use as the leolth and s marked	W	WHILE NOT WHILE TAT WORK TO AT WO	(AT HOME, STREET, FACTORY, OFFICE, F	JUNE 19 79	CITY OR TOWN	8/, that (I) (we) lost
It OR ATTER the haspito It DIRECTO Proched for the Dept. of It		sow the deceased alive on above. (I) (world) (did not 22b. SIGNATURE	Oct 20 1) view the body ofter death  (2) Xloin	DEGREE	death occurred on the date and hour or	22c. DATE SIGNED
O HOSPITAL TO FUNERAL should be det with the Store	6	22d PHYSICIAN'S NAME (TYPE OF		22e ADDRESS 4607	Connecticut Ave	
52 BP 2		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE 23c M	NAME OF CEMETERY OR CREAKING RY		UNITY STATE

Hyattsville, Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

T. Gasch's Sons

Burial
24 FUNERAL DIRECTOR

CLASSIFICATION OF CO.					
				a [ 1	
1 de la roemport			SHARU	atotacty	1,2
havoleme					
beog yelnes		Wilden of the	.pelian	<u>2</u> ,	
Redering		egit de la cade		-190	
THE STATE OF STATE OF					
of a state of					
nev year		ande			
			ou Ast		
8 4 - AK 8 7 7 200 1 7 A 8 0 0 0 0 0 0 0	nijos (folik	ALVE P			
Levil outsid to detain					
		Na. estimation		as in language . The co	

3 4

	1-	FOR STATE				IT OF HEA		ENTAL HYGIE		2 7 3	0	5
Ø	I. DE	REGISTRAR CEASED NAM	F FIRST	ME	MIDDLE	AMINER'	S CERTIFI	CATE OF DE	KEG. IN		YEAR	la
# ~ ~ ~ ~ ~ ~ ~ ~		PE OR PRINT)				TTADIT			OF ESTI-			2b. HOUR
PLEASE CTOR. FILES. FOURS	3. SE		WRENCE 4. RACE	5. DATE OF BIRTH			FUNDER 1 YR.	IF UNDER 24 HRS	. ?c. DATE	10-26		2d. HOUR
(新藤)	1	Male	White	2-24-	23	YRS.	ONTHS DAYS	HOURS MIN.	PRONOUNCED DEADDOA	10-26	1981	1127
一 被野心	70 B	IRTHPLACE (S'	TATE OR	76. CITIZEN OF W	HAT COUNTRY?	8. M	ARRIED X NE	EVER MARRIED	9. BALTIMORE CITY			20.
ON STANCE	5	Virgin		US		WIE	OWED -	DIVORCED	Prince G			MD.
る本語画と	ID. C	ITY OR TOWN	OF DEATH	11. NAME OF HO	SPITAL, NURSING	HOME, OR	OTHER INSTITU		MALOCCUPATION (TY		IND OF BU	
DELAY N P P TO T		Laurel		Greater OR OTHER INSTITUTION, CO			ital	Ca	arpenter			
BALTIMORE, MD. 21201 JRS AFTER DEATH. IF ANY DEU B. GIVE PAGES 1, 2, AND 3 TO WITH FORM PM. 3, RETAIN PT. T. PAGES 1 AND 2 SHOULD BE, DIVISION OFWITAL RECORDS,		Md.	13b. COU		13c. CITY OR T	OWN _			REET ADDRESS			
MD. 2 ITAL IF A M. 3. R M. 3. R M. 3. S M. 3. R	14 E	ATHER'S NAME		FG	Hyatt	SATTTE		IER'S MAIDEN NAM		ston Ro	ad	
PWATH ND		Hugh		J.	Ha:	ct		Bonnie	WIDDLE	Sturgi	LAST	
MORA NO NO N	160.		DEVER IN U.S. A	RMED FORCES?	16b. SOCIAL S		17. INFOR		Box 551-A			
SATTEMORE, SATTER DEAT GIVE PAGES ITH FORM P PAGES I ANI WISSION OF W	100	Yes	(IF YES, GIV	E WAR OR DATES)	227=2	2=3850	Cati		le, Daugh		hing Ga.	ton,
WURS NURS WIIT. P.		18. CAUSE O	F DEATH (Enter o	nly ane cause per lin					zeo, zaag.	A	APPROXIMATE	INTERVAL AND DEATH
ON ST. TEM 18 ONG ONG IENE, IENE, IENE,		PARTIDE	ATH WAS CAUSI	ATE CAUSE (a)	Arterios		ic ca	rdiovascu	lar Disea	ise	WEEK GROEF	AND DEATH
PRESTON ITHIN 24 H CIL IN ITEM LER ALON ANSIT PER ALHYGIEN REMOVAL		429	ns, if any, which		AS A CONSEQU	JENCE OF						
D WITH PENCIL AMINER - TRAN - TRAN - OR RE	-	gave ris	se to immediat stating the under	e (b)	AC A CONSTR							
L RECORDS, 201 W. PRESTON ST., ULD BE EXECUTED WITHIN 24 HOUF "PENDING" IN PERVICE, IN 17EM 18, "F MEDICAL EXAMINER ALONG W ED AS A BURIAL-TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL.		lying cau		DUE 10, OF	AS A CONSEQU	JENCE OF						
EXECUTED NG" IN PROCESS OF A BUNGAL EXAM		PART 2 DINER SI	GNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL D	SEASE OR CONDITIO	ON GIVEN IN PART 1 (n)				
RECORDS, TO BE EXECT PENDING, MEDICAL D AS A BUILD A B	NO O	1733										
VITAL RE SHOULD ORD "PE CHIEF N T OF HE/ URIAL, C	CERTIFICATION	190 DATE OF	OPERATION	196 COND	TION FOR WHIC	H OPERATIO	WAS PERFOR	RMED?		20 /	AUTOPSY?	
F VITA TE SHO WORD WORD SENTOF	1 1	AL EVIENIA	I CAUCE MAC								YES 🗌	NO
0 5 7 7 7 5 5 9	Ü		AL CAUSE WAS OR NG CAUSE OF	11b. TIME O	FINJURY A. MONTH DAY	YEAR 21	HOW INJURY	Y OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)		
CERTIFICA CERTIFICA TING THE SED TO THE SED TO THE SED TO THE SED THE	MEDICAL	21d. INJURY C			OF INJURY (AT	19 HOME 21f	LOCATION					
DIVI DIVI HIS CE WRITII ARDEI ATE DE 1201 P	W	WHILE AT WORK	NOT WHILE		TORY, FARM, ETC.)		STREET		CITY OR TOWN	COUNTY		STATE
BIVISION OF THIS CERTIFIC THIS CERTIFIC THIS RWARDED TO THE PAGE 3 SHOULS STATE DEPARTALLY.				4.4				П				
THE SALE		death resulte		ge of the remains de ural causes <b>(X</b> ),	Accident	ld an As Suicide	rtapsy, Hami	Inspection X,	Inquiry X, a	nd in my apinian		
ERTIFE BINE		ded in resone	1	00	Accident	Suicide		SPECIFY)	rermined manner,			
ALE: ALCOUNT. ALCOUNT.	1	SIGNATURE	Jugar	to Ita	Lynn		M.D. Dep		DICAL EXAMINER	DATE C	>- 26	-81
DEA SPEC	)	EXAMINER'S	NAME ANG	usto P. Re	let o	M D	5		ırn Court, T			
TO MEDICAL EXAMINER: TI FEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		(TYPE OR PRI	NT)		Y		ADDRESS_			embre u	riro,	riu.
	230.B	SPECIFY)	TION, REMOVAL	236. DATE LO-30-81			Y OR CREMAT	CIT	OCATION Y OR TOWN	COUNTY	STA	ATE
BP	24. F	Buri UNERAL DIREC	700		Wasi	Nat	.1. Cer	IL SU	ritland, P Y REGISTRAR [256, REG 3 1001	ISTRAR'S SIGNA	aryıa	and
DHMH - 17 (VR A15 ME (5))	1	NAME	Robt I Home	E Wilhe	Suitl	308 Si	uitlan Md.	a NOV	3 1981 France	us Jan	laste	1
15M 2/80				,	3 41 32			70101	7	-4		

Interest House 18-36-01

					ATE OF MARYLA				-
	FOR				HEALTH AND M		6/	2/3	1 0
		SISTRAR	MEI		NER'S CERTIFI		REG. INC		
	I. DECEA			WIDDLE	LAST		OF ESTI-		2b. HOUR
ASE DR.S. ET,	-			M.	HENSON		DEATH MATED	10-171981	/ M
PLEASE RECTOR. R FILES. HOURS	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN			ZC. DATE PRONQUNCED	MONTH DAY YEA	2d. HOUR
200	Ma]				YRS.		DDS /	0-17 1981	M
(新雕)。		PLACE (STATE OR N COUNTRY)	76. CITIZEN OF WH	HAT COUNTRY?	8. MARRIED X NE	VER MARRIED		R COUNTY OF DEATH	
11/10/2		ryland	U.S.A.		WIDOWED	DIVORCED		Georges	MD.
SEE 30 71/		OR TOWN OF DEATH		PITAL, NURSING HOA	ME, OR OTHER INSTITU	FOR M	OST OF WORKING LIFE)	E OF WORK 12b. KIND OF OR INDU:	STRY
177/1		everly	Prince	Georges VE RESIDENCE BEFORE ADMIS	General	Hosp Bra	keman	Railr	oad
E ANY D 2, AND 3 3, RETAIN SHOULD L RECORE	L STAT	E NW COUN	ary's	RESIDENCE BEFORE ADMIS	CSVILLES [	CITY LIMITS? 13e STRE	te 2 Box	233	
7. 2. 3. 3. 3. 3. 4. E. S.	14. FATH	ER'S NAME			15. MOTH	IER'S MAIDEN NAME			
ORE, MD. 2 R DEATH . 1 AGES 1, 2, 2 RRM PM 3, 1 1 AND 2 S	Unl	chown	MIDDLE	LAST	U	nknown	MIDDLE	LAST	
BALTIMORE, MD. RS AFTER DEATH. GIVE PAGES 1. WITH FORM PM. WITH FORM PM. PAGES 1 and 2	16a. WAS	DECEASED EVER IN U.S. AR		16b. SOCIAL SECUR			ADDRESS	As	
SION SION	Yes		WAR OR DATES)	1/22 71	8-14-9704	Elizah	eth Hense		
	18		ly one couse per line		7-14-9704		A CHI THERES	APPROXIM	ATE INTERVAL
N ST., N		PART I DEATH WAS CAUSE	D BY:	1 terronos	moles Ca.	rand vars	color de	COL BETWEEN ON	SET AND DEATH
TON ST. V 24 HO I ITEM 1 ALONG PERMIT		429 5 mmedia		AS A CONSEQUENCE					
WITHIN NCIL IN AINER A RANSIT ATAL HYCE	100	Conditions, if any, which							
O1 W. PRE: UTED WITH N PENCIL I EXAMINER IAL-TRANS MENTAL POR REMOV		gave rise to immediate couse (a) stating the under-	DUE TO, OR	AS A CONSEQUENCE	OF				***************************************
CUTED WITHIN  IN PENCIL IN  IN EXAMINER A  SURI EXAMINER A  SURI EXAMINER A  ON MENTAL IN  NO REMOVAL		lying cause last.	(c)						
LI RECORDS, 30 DULD BE EXECUT "PENDING" IN "IEF MEDICAL ES SED AS A BURIL " HEALTH AND IN CREMATION, O	PA	RT 2 OTHER SIGNIFICANT CONDITIONS		BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITIO	ON GIVEN IN PART 1 (a).	AC 35 64		7.75
ECORDS, SO BE EXECUIDING" MEDICAL AS A BUTH AN EMATION			YOU THE THE						
REA EN PER	CERTIFICATION	. DATE OF OPERATION	19b. CONDIT	TION FOR WHICH OP	RATION WAS PERFOR	RMED?		20. AUTOPS	Y?
TALREGISHOULD SHOULD SH	IFIC							YES [	NO
N OF VITA  FICATE SHC  THE WORD  THE CH  SOULD BE UN  TO BURIAL  TO BURIAL	21	O. EXTERNAL CAUSE WAS	21b. TIME OF			Y OCCURRED LENTER N	NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL RITING THE WORD "PENDING" IN PENCIL. IN ITEM 16 ROED TO THE CHIEF MEDICAL EXAMINER ALONG E. 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, I PRIOR TO BURIAL, CREMATION, OR REMOVAL.		NDERLYING OR		L MONTH DAY YE.	AR				
AISIC NG NG NG NG NG NG NG NG NG NG NG NG NG	Q 21	I. INJURY OCCURRED	21e. PLACE C	OF INJURY (ATHOME,	21f. LOCATION		5.50 00 200	CON.	
DIVIS THIS CER WRITING WARDED PAGE 3 S TATE DEP		HILE NOT WHILE TWORK	STREET, FACT	TORY, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
RE, WARNA				/				7.	
E C O M III .		22a. I certify that I took charg		cribed obove, held an	Autapsy L.	Inspection [ ]		nd in my apinian	
EXAMINE CERTIFICA JLD 8E FI DIRECTOI WITH THI ARYLAND	·	leath resulted fram: Natu	rol causes []-,	Accident L.,	Suicide, Hami	icide Undete	ermined monner,	PLANT STATE	
AL EXAMHE CERTINA WITH, WITH, WITH, WITH,		TUAL OKES	reto X	Leste wa	The Contract of the Contract o	SPECIFY)		DATE 10-1	17-81
CAL THE SHC SHC SHC	isi	GNATURE	1	11 1	- Jeff	y MEDI	ICAL EXAMINER	SIGNED	86.3
MEDICAL E GE UTE THE OFFE FUNERAL SHOU FUNERAL OFFE FUNERAL OFFE THE DEATH,		AMINEES NAME AUG	usto P.	Rodrique	ZADDRESS_	5000 Ray	burn Cour	t Camp Sp	. DIVI
TO ME EXECU PAGE TO FU BAFTER	-		73b. DATE	The same of the sa	EMETERY OR CREMAT		CATION OR TOWN		TILLES
	Bur	(FY)					_	COUNTY	STATE
BP	24. FUNI	ERAL DIRECTO Lee Fu	oct. 21.	TAOT LA	Lincoln	Cemetery	REGISTRAR 256. REG	SAR'S SICLATURES	P. MD
OHMH - 17 (VR A15 ME (5)) 66	33 6	ld Alexand	er Ferry	Rd. Cl	inton WI	T.30	26 1981	home fan!	as Clan
15M 7/76				2141, 01	Tireott' Mil	24,			

Control Soria bearing dearest town Interest source sanity nes was a second at a deliver ingles the track in a border Service of the servic Chief il alle allerander berry No. Chinton, and Egy in Mer Land Chief Co.

wastern traff and and interior business greature and another Es her altimental land to a riminard segment al bookyra - L/A - 579-10-0552 Ademaide . 1172 - '-e Clindon, autond  mpletely filled in by the functional 2 shauld be filed with

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coi should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar removal.

ATTENDING PHYSICIAN: The low

TO HOSPITAL

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	1	-	U	O	

	1-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYGI	ENE O REG. NO	o.	/ 0	0 0
		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH		OAY YEAR	2b. HOUR
	(ITPE	OR PRINT) Emma	01ga	I	Holden	October	30,	1981	7:44 P
	3. SE)	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH	DAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Fema1e	White	Au	g. 14, 1916	65	YRS.	MONTHS DAYS	HOURS MIN.
10	7a Bli	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8		9. BALTIMORE CITY OF		OF DEATH	
5	CC	Maryland	USA	WIDOWE	D NEVER MARRIED DIVORCED	Prince G	eorc	ges Cou	inty, MD
0	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPATIO	N	12b. KIND O	F BUSINESS OR
5		Lanham	Doctor's Ho	spit	al	Homemake			Home
gar.	USUA 13a, S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	136 INSIDE CITY LIMITS?	13e. STREET ADDRESS	(F	erndal	le)
5			.A. Glen Bu		YES NO X	228 Turn	MOOD	Dr.	
1	14. FA	THER'S NAME	AMPORTE		15. MOTHER'S MAIDEN NAM	MIDDLE		1.6	
9		Charles	C. Hoffm	an	Africe	WIDDLE		Gata	ke
h		VAS DECEASED EVER IN U.S. AR	EMED FORCES? 166 SOCIAL SECU	JRITY NO.	17. INFORMANT (Dat	ighter) ADDRES	s S	ame as	
1	- (1		/A 220.07.	7139	A Mrs. Card	ol L. Klin	e		# 13
- u - 1			oly one cause per line for (a), (b), ar IDBY TE CAUSE (a) DUE TO, OR AS A CONSEQU (b)	ENCE OF	ed Peritor	itis pcis		BETWEEN	MATE INTERVAL INSET AND DEATH
	Z	couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	Tired	NOT RELATED TO THE TERMIN	NAL DISEASE OR COND	ITION GIV	/EN IN PART 1(d	31
-	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIN	NGS USED OF DEATH?
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21c HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY	' IN ITEM 18, P	PART 1 OR PART 2)	
	MEDICAL	216 INJURY OCCURRED  WHILE OF WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	4	COUNTY	STATE
		sow the deceased alive on	ital) ottended the deceosed from 19 19 11 yiew the body ofter death.	87.01	nd that in (my) (our) opinion d	eoth occurred on the do	te and hou		that (I) ( <del>we</del> ) lost couses stated
		22b. SIGNATURE	Couling n	nO		MEDICAL STAF	F IAN 🗌	22c. DATE	31/8
		Dr. Berry R			12811 Beave			, MD.	
	23a. B	Burial, cremation, removal Burial	3'NOV. 81 C	edar	EMETERY OR CREMATORY Hill Cem.	23d LOCATION CITY OR TOWN Brookly		A.A.,	STATE MD.
	24 FU	Singleton F	Hopkins ADDRESS Guneral Home	MD.	Burnie NOW	REC'D. BY PEGISTRARY	Pares.	PRO'S SIGNA	URE

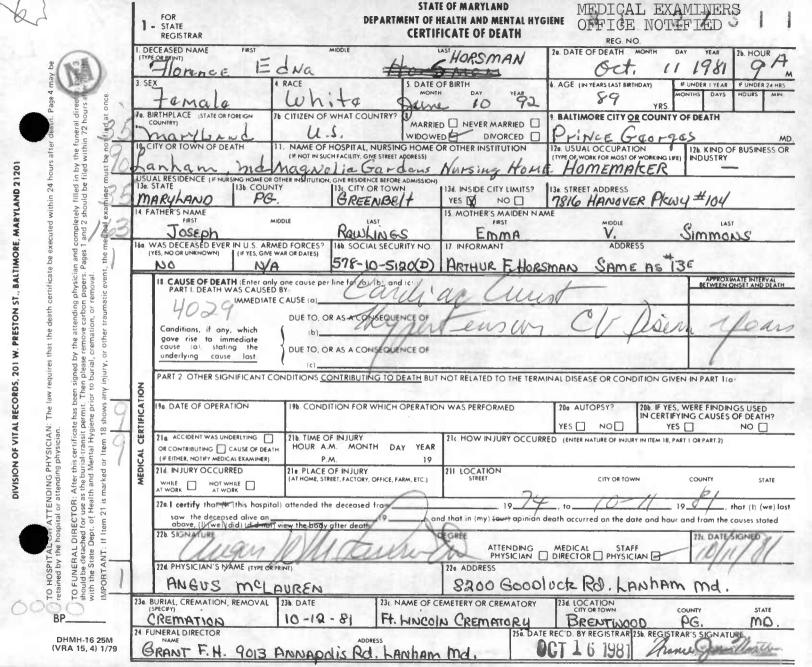
BP DHMH - 16 50M 7/77 (VR A 15 (4)) THE RESERVE OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE P William Street, by London Black Street, Blac

3	1 - 9	FOR STATE	£567 5/6,		S DEPARTMENT O DICAL EXAM	OF HEALTH			TH	2 7	3 0	9
	_	REGISTRAR CEASED NAME	FIRST	7412	WIDDIE	HIVEK 3	LAST		KEO.		DAN MEAN	Total trailing
28 a a 20 E		OR PRINT)	James	Re	onald	Но	Lmes		OF ESTI- DEATH MATED		. 131981	2b. HOUR
N STORY	3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (1	NYEARS IF UN	DER 1 YR. IF UND	DER 24 HRS.	C. DATE	монтн	DAY YEAR	2d. HOUR
43066	-	ale	Black	Oct. 29		1 YRS.	JAN		DEAD O	ct. 1	3 1981	5:06
10 mg 20 C		RTHPLACE (ST	ATE OR	76. CITIZEN OF W		8. MARR	ED NEVERMA	RRIED -	9. BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
25 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19		1	Md.	U.S.A		WIDOW		RCED T	Prince			MD.
DEATH. IF ANY DELAY IS NO GES 1, 2. AND 3 TO THE FULL M. PM. 3. RETAIN PAGE 5. AND 2 SHOULD BE FILED.	10. CIT	Y OR TOWN	OF DEATH		SPITAL, NURSING HO		ER INSTITUTION	FOR M	ALOCCUPATION ( OST OF WORKING LIFE)		12b. KIND OF BU OR INDUST	JSINESS RY
SS E P		irmour		5350	Sheriff	Rd.		Une	employed	L	Non	e
SCHALL S	13a. ST	ATE	13h COUN	TY	130. CITY OR TOW	N	13d. INSIDE CITY LIMITS		ET ADDRESS			
SHAP SHAP		Md.	P	G. F	alirmount	Hgts	YES Y NO	1 2 -	59th A	ve.		
H-KON-H-	1	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MA		MIDDLE		LAST	
DEATH DEATH MA PM MAND 2		rthur	EVER BUILD AND		Holmes		Victor 17. INFORMANT	oria		State	sman	
S AFTER DEATH S AFTER DEATH GIVE PAGES I TH FORM PW PAGES LAND WISION OF THE	(YE	S, NO, OR UNKNO	DEVER IN U.S. ARA	WAR OR DATES)	16b. SOCIAL SECU				ADDRE			
S AI GIV ITH PAC		No			577-50-		Norma (	Crusoe	e-Same a	s # 1	3 abov	
ST., OUR MIT.		PART I DE	F DEATH (Enter on ATH WAS CAUSED	D BY.	for (a), (b), and (c).)						APPROXIMAT BETWEEN ONSE	T AND DEATH
O PER H		Ba	IMMEDIAT	in Choose (a)	AS A CONSEQUEN		te ethan	ol int	oxicatio	n		
K AL KALL		Condition	is, if any, which	DUE 10, OF	AS A CONSEQUEN	CEOF						
WITH AND STATE OF THE STATE OF	-	gove ris	e ta immediate stating the under-	(b)								
ZOI W		lying caus			AS A CONSEQUEN	CF OF						
BOR AND		PART 2 OTHER SIG	GNIFICANT CONDITIONS	(c) Contributing to death	BUT NOT RELATED TO THE	TERMINAL DISEAS	OR CONDITION GIVEN I	PART 1 (a).				
CO BE E NED (NED (NED (NED (NED (NED (NED (NED (	8											
VIEW SED A	CERTIFICATION	190. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH O	PERATION W	AS PERFORMED?	171			20. AUTOPSY	?
* S82.00	FE I										YES 🗆	NO
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFIER DEATH. IF ANY RITING THE WORD "FENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETA RETA SHOULD BE USED AS A BURNAL, TRANSIT PERMIT. PAGES, LAND 2 SHOUL EDRARMMENT OF HEALTH AND MENTAL HYGEINE, DIVISION OFWITAL BECOME OF PRIOR TO BURNAL, CREMATION, OR REMOVAL.	CAL CE	UNDERLYING	CAUSE WAS OR IG CAUSE OF D		A. MONTH DAY Y	EAR	DW INJURY OCCU	RRED (ENTERN.	ATURE OF INJURY IN ITEM	18 PART 1 OR PAR	17 2)	
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER I EXECUTE THE CERTIFICATE. WRITING THE WORD "FENDING" IN PENCIL IN TEM 18. GIVE PARE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR THE OFFIGED AS SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER PRINTING THE WITH FORT THE STATE DEPARTMENT OF HALTH AND MENTAL HYGIENE, DIVISION OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, TRANSIT PREMIT. PAGES 4	MEDICAL	21d. INJURY O WHILE AT WORK	NOT WHILE C		OF INJURY (AT HOM TORY, FARM, ETC.)		CATION TREET		CITY OR TOWN	COU	INTY	STATE
MER: TI ATE, ORW FORW FORW ND, 2		22a. I certif	y that I taak charg	e of the remains de	scribed above, held o	n Autop	sy , Inspec	tion X	Inquiry X	ond in my op	inion	
MANN THE CT. THE		death resulte	ed fram: Natur	rol couses X,	Accident,	Suicide	, Homicide	. Undete	rmined manner	]. ,		de
MAR WAR		ACTUAL	00	VIII.	1160		THE SPECIEV	1		DATE	0.1	1981
ZHE RESTE	1	SIGNATURE	179-1-1	courge	rexpos	M	D. DEFUIT	MEDIC	CAL EXAMINER	SIGNE	Oct.	14,19
AEDIC ECUTE GE U S FUNE TER DE	-	EXAMINER'S I	NAME AUGU	STO F.R	ODRIGUE	M.D.	ADDRESS 500	9 RAY	BURN CT.	. CAMP	SPRIN	IGS.
584548_	23 BL	IRIAL CREMAT	TION, REMOVAL 2	/ /		CEMETERY O	R CREMATORY	23d. LOC	CATION PRIOWN	COUN	ITY 5	TATE
BP				10/17/81	HARMO	NY Me	FM. PARI	C HIG.	HEARD FA	ARK, P.	6. , wil	
DHMH-17		NERAL DIRECT		ADDRESS				REC'D. BY	REGISTRAR I	EGISTRAN S	GNATURE	
(VR A15 ME (5) ) 15M 2/80	H.	S. INHS	HINGTON	1 Serius 4	1925 BUR	LOUGHS	Allew .			W		

the state of the second of the State of the second state 

1	STATE OF MARYLAND	
1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3 1 0
	CEASED NAME FIRST MIDDLE LAST 12 DATE KNOWN MONTH	H DAY YEAR 76 HOL
(1	Margaget Hanin HOOD DEATH MATED 10	-27.81
3. S	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS   IF UNDER 1 YR.   IF UNDER 24 HRS. 2c. DATE MONTH PAY YEAR LASI BIRTHDAY) MONTHS DAYS FOR BY	DAY YEAR 200 HOZ
70	RTUPLACE PAREN JE CITIZEN OF WHAT COUNTRY? 8. 9. BALTIMORE CITY OR COUNTRY?	27 198/ FP
	MARRIED NEVER MARRIED OF DIVORCED OF PRINCE GE	inter
10.0		( 126 KIND OF BUSINESS OR INDUSTRY
TISL	17 Washington 3213 Park Jane House My	
130	They land Calvert Holiclay Blackes No 13 TREET ADDRESS SI	In Role 7
14.1	ATHER'S NAME FIRST MIDDLE MIDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDL	LAST
1	John While Unk.	2007
	VAS DECHASED EYER IN U.S. ARMED FORCES? ES, NO ORUNKAPANT (IF YES, GIVE WAR OR DATES)  213-74-376/ Earl Naplan Same a	1410
	TO CAUSE OF DEATH (Enter only one cause not one for (a) (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSED OF THERE RELEIGH CAUSED PAS CUESTAN	BEIWEEN ONSET AND DEATH
	Conditions, Ir ony, which	
-	gove_rise_to_immediate	
	lying cause lost.	
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 kg/l.	
AT S	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
CERTIFICATION		YES 🗆 NO 🖳
	210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY UNDERLYING OR  21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR P	PART 2)
MEDICAL	CONTRIBUTING ☐ CÂUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME. 21f. LOCATION	
W	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN CO	OUNTY STATE
	22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my c	apinian
	death resulted from: Natural causes . Assident ., Suicide ., Homicide . Undetermined manner .,	
	ACTUAL SIGNATURE SIGNATURE MEDICAL EXAMINER SIGN	10-27-8
1	EVAMINED'S NAME OF DESCRIPTION OF THE PROPERTY	. C .
22.	ITYPE OR PRINT	ary princes
6	URIAL CREMATION, REMOVAL 236. DATE 23C NAME OF CEMETERY OR CREMATORY BECOME TO THE CONTROL OF TOWN TO	The state of
24.	INGRAL DIRECTOR June 1 Hame Owing Mg 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
4	QUANT 1341 21 1981 21	n
		- WILLIEL

Margaret Hama HOLLD \$ 4001 48 CE 31 Forms Wille 1-14-61 80 Porce Courses For Washington 3213 Pack done Maylor Colored Helphapan - 13. x 226 Eler King Oppleiof the colo Colors for real fill some Chimin L. Kringhall Homes 10-27-81 Mangarily My west - 3/ 1,000 Mars 12 / 1/21/1962 · Committee Comm



THE SAME AND THE STATE OF THE SAME AND THE S The second secon

11				STATE OF M			and the mile	8 13
100	1.	FOR STATE			AND MENTAL HY		2/3	1 4
	1	REGISTRAR	MEDICAL EX	AMINER'S C	ERTIFICATE OF	DEATH REG.	NO.	
		CEASED NAME FIRST	MIDDLE		LAST	20. DATE KNOWN	MONTH DAY Y	EAR 26. HOUR
Waterwar	(TYF	E OR PRINT)	h May	HOTO	HKISS	OF ESTI- DEATH MATED	1h-11.1	71
E SE CAS	7.55	4. RACE IS	DATE OF BIRTH 6. A	GE (IN YEARS IF UN	DER 1 YR. IF UNDER 2		MONTH DAY	YEAR 124 HOURS
36.25	L		NONTH DAY YEAR L	AST BIRTHDAY) MONTH	S DAYS HOURS	MIN. PRONOUNCED	20 21	0.537
E BOM S	1 4	male white	1-31-07 7	YRS.		DEAD	0-16 19,	8/ 12/4
- 経典型第四クラ		RTHPLACE (STATE OR 76.	CITIZEN OF WHAT COUNTRY	8. MARRI	ED NEVER-MARRIE	9. BALTIMORE CIT	Y OR COUNTY OF DEAT	H
		Virginia	USA	WIDOW	ED DIVORCE	DI Frince	Georges	MD.
NAMES OF	10. C		NAME OF HOSPITAL, NURSIN	G HOME, OR OTH	ER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS
\$ # \$ # POO	VH	Waser He Fel	IF NOT IN SUCH FACILITY, GOVENTREN	FINE	WULL FOX	FOR MOST OF WORKING LIFE) Housewife	e Home	
D N L D	USUZ	AL RESIDENCE (IF IN NURSING HOME OR O	HER INSTITUTION GIVE RESIDENCE REFO	PE ADMISSIONIL	The local	HOUDOWILL	, ITOME	
ANY DE ANY DE AND 3 IN RETAIN HOUID BI	Illo. S	TATE 1136. COUNTY	13c, CITY OR	OWN	13d. INSIDE CITY LIMITS?	3e. STREET ADDRESS		
~		Maryland Pr.Ge	o. Tempi	e Hills			Parkway #	906
0 T N4	14, F/	ATHER'S NAME	IDDLE LAST		15. MOTHER'S MAIDEN	NAME	LAST	
ORE, MD REATH AGES 1, ORM PM 1 AND 2		Not Known **	Sorr	ell	1 1100	Not Known	5707	
MORE TER DI PAGE FORM	16a. V	VAS DECEASED EVER IN U.S. ARMED		SECURITY NO.	17. INFORMANT	Annex	ndale, Vir	ginia
TIM AFTE VE P VE P SION	(4	ES_NO. OR UNKNOWN) (IF YES, GIVE WAR	OR DATES)		Raymond S	orrell 465	Logsdon	Drive
BALTIMORE, DURS AFTER DE B. GIVE PAGE: WITH FORM T. PAGES 1 AN DIVISION ON	=	LIA CAUSE OF DEATHER			1-11-12			GMATE INTERVAL
HOU M 18. NG V SMIT.	3.	<ol> <li>CAUSE OF DEATH (Enter only o PART I DEATH WAS CAUSED BY</li> </ol>		(c).)	ere Acar	isvascul		ONSET AND DEATH
ERA FERA FERA		II O O IMMEDIATE O			as allene	1000 cull	to allan	
AL AL		4111	DUE TO, OR AS A CONSEC	UENCE OF				
DI W. PRESTON ST., TED WITHIN 24 HOLV PENCIL IN ITEM 18 XAMINER ALONG V ALITRANSIT PERMIT. ARLITRANSIT PERMIT. DR. REMOVAL.		Conditions, if ony, which gove rise to immediate	(b).					-51W-57
AWIII AWIII REA		couse (a) stating the under-	DUE TO, OR AS A CONSEQ	UENCE OF	3-1-1-01			
S, 301 V ECUTED S'' IN PE BAL EXABALE NND ME NN OR R		lying cause last.	(c)					
DS, 30 XECU G" IN CAL E AND ON, C		PART 2 OTHER SIGNIFICANT CONDITIONS CONT		THE TERMINAL DISEASE	OR CONDITION CIVEN IN PART	1 (e)		
BIVISION OF VITAL RECORDS, 3 S CERTIFICATE SHOULD BE EXEC RITING THE WORD "PENDING". ROED TO THE CHIEF MEDICAL RE 3 SHOULD BE USED AS A BUL RE 15 SHOULD BUT HEATH AND PRIOR TO BURIAL, CREMATION,	z				ou conomic of the first	1 (4).		
L RECORE ULD BE E "PENDIN EF MEDIN SED AS A HEALTH CREMATH	MEDICAL CERTIFICATION	196. DATE OF OPERATION	196. CONDITION FOR WHI	TH OPERATION W	AS DEDECIDATED?		20. AUTO	neva
TALRE HOULD NO 'VEICHIEF' I USED OF HE/AL, CRE	2	The state of oreign to	178. CONDITION TOR WITH	CIT OF ERATION W	ASTERIORNED:			
OF VIT.  OF VIT.  THE CHAPTER OF THE CHAPTER OF VIT.  OF VIT.  OF VIT.  OF VIT.  OF VIT.	TE .						YES	□ NO XX
BURN BURN	E	216 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DA	YEAR 21c. HC	W INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
ONG OUTHE THE	1	UNDERLYING OR CONTRIBUTING CAUSE OF DEA		19				
CERTIFICATE SI TITING THE WOR DED TO THE OF SA SHOULD SET SHORE OF PRIOR TO BURK	ă	21d. INJURY OCCURRED	21e. PLACE OF INJURY (A	HOME, 21f. LO	CATION			
DIVISION CERTING RITING REDED SE 3 SI FE DEP	Σ	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	5	TREET	CITY OR TOWN	COUNTY	STATE
E: THIS F: WRI F: WRI F: PAGE STATE		AT WORK AT WORK					·	
		22a. I certify that I taok charge of	the remains described above, h	eld an Autop	sy . Inspection	Inquiry ,	ond in my opinion	
Z Q Z F Z		deoth resulted from: Natural o	auses . Accident .	, Suicide	, Homicide	Undetermined manner	],	
EXAMI CERTIF ULD BE DIRECT		-1	0.02		TITLE (SPECIFY)			
I EXA DE CER OULD AL DIR		SIGNATURE HUGUS	6 1. Frilly.	us M	D Deputy	MEDICAL EXAMINER	DATE SIGNED 10 -	-16-81
SH SH SH			// //	0				
MEDICUTE CUTE SE 4 FUNE ER DE	-	EXAMINER'S NAME August	o P. Rodriguez	, M.D.	5009 Ra	ayburn Court,	Tembre HII	is, Ma.
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU AFTER DEATH AFTER DEATH BALTIMORE, MA	22- 0	URIAL, CREMATION, REMOVAL 236.		E OF CEMETERY O	ADDRESS	1994 LOCATION		
00000	230.B		Octl981 Wash			23d. LOCATION CITY OR TOWN	YTANOS FOR LYNCEM	STATE
BP	04.5					Suitland	Maryland	
DHMH - 17	24. F	NAME ROBERT	E Wilhelm Fu	ineral H	Iome 250 PATERE	Z BY STRAR IS A	EGISTRAR' SIGNATURE	Man and a second
(VR A15 ME (5)) 15M7/77		Suitlan	d Maryland		401	7.	Oi.	

The College of the State of the A Story Court Service Court Hayour Court Service Servi 

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN AMONTH (TYPE OR PRINT) OF ESTI-**JAMES** HUGGINS ALBERT 5. DATE OF BIRTH 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED 19 81 DEAD 70. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington D.C. U.S.A. PRINCE GEORGE'S WIDOWED [ DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY Dry Wall nstaller HOSPTAL OF PR. GEO. CO. LANHAM Construction USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. SIREET ADDRESS 13439 Overbrook Lane Bowie 13d INSIDE CITY LIMITS? Maryland Prince Geo. YES K 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME lice MIDDLE MIDDLE James AND OF VIT Huggins Healv 17. INFORMANT 12509 Holdridge Road 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 220 58 5657 Donna A. Huggins Wheaton, Md. 20906 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B. AUTOPSY? YES NOXX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY
HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR 12 flitted UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21f. LOCATION AT WORK NOT WHILE HOME 22a. I certify that I took charge of the remains described above, held an Undetermined manner TITLE (SPECIFY) DATE 10-16-8/ TO MEDICAL EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, N BALTJMORE, MA Deputy\_\_\_MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 5009 Rayburn Court, Temple Hills, Md. Augusto P. Rodriguez, M.D. 230 BURIAL, CREMATION, REMOVAL 236. DATE Brentwood Burial 10/20/81 Ft. Lincoln Cemetery Maryland 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 Francis Gasch's Sons Funeral Home, P.A. **DHMH-17** (VR A15 ME (5)) Hyattsville, Maryland 15M 7/77

STATE OF MARYLAND

A N. C. OTTE ACSPITED SAN SERVICE STRAINED

		AT HEREST AND THE PARTY.		
			St. 4 21/1	10 45
	200			no) autiliar l'
idopateno- nolisten lind well an				
17437 Cremmesh Lune	4	6.1967	lainen Jan.	Dija (wack
lice to the Healy 1999 For delicate Beat		in the said		Par
A. Prestin the tion, Mil. Louis		Vene se only		ť
The state of the s		100	reflering	Z.
A party magnification for the		a card answers	Logueto It Rod	
hartweet books and leve	edono.	elosald	te/on/ot	Internet
		. L	em Parkland (me	

STERLING

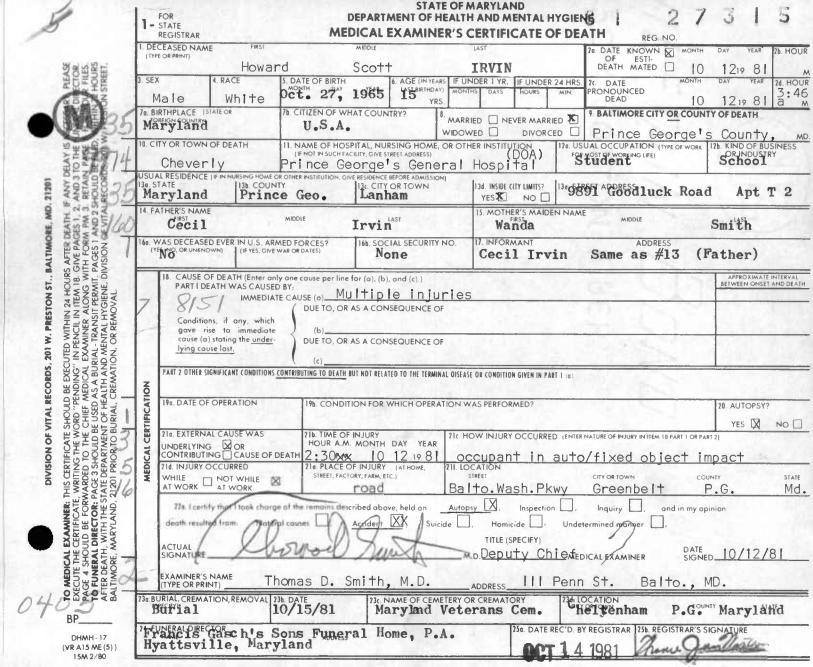
PROGRESS

10-02-81 2:3084

PRINCE GEORGE'S

PRINCE GEORGE'S WENERAL HOSPI AL

Unknown



F 786 F .36 criterio ino. Corff Lovin Special St. (60 though Indiana de la compania del compania del compania de la compania del la compania de la compania del la compania de la compania regists than the come Pureral Born, i.i.

y	<	3	1.	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	27316
	101	10		CEASED NAME FIRST	MIDOLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	og King	1	(ITPE	ELAYA	te C,	JACKE	M	10	28 8/2:15Am
	G CALLED	1	3. SE	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	ge 4			emale	Negro		est 17. 1923	58 Y	MONTHS DAYS HOURS MIN.
	h. Pa ol dir 2 hou	ا ريو	Ta. B	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT CO	OUNTRY? 8	NEVER MARRIED XX	9. BALTIMORE CITY OR COL	JNTY OF DEATH
	deat funer hin 7	2		Maryland	Usa.	WIDOWE	D DIVORCED	PRINCE	Georges MD.
	ē 0 3	Control	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME C	ROTHER INSTITUTION	12a. USUAL OCCUPATION {TYPE OF WORK FOR MOST OF WORK	126. KIND OF BUSINESS OR
201	5 70 72	e)(0	11511	LINTON	Souther		PRY LAND	Reti red Co	
021	24 hav	1 7	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUL	700 6111	OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
N N	ly fill shou	5		Maryland P.	G. (	Oxon Hill	YES NO	11810 Old F	ort Rd.
ARY	d with	me/ >	I T	FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	WE	LAST
, m,	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	\$ 0 C	16n V	Andrew VAS DECEASED EVER IN U.S. AR		thews	Linnie	ADDRESS	Chase
BALTIMORE,	o and	medico	()	(IF YES, GIV	E WAR OR DATES)				04 11 7
LTIA	e be cian ers. P	0/		no		7-84-0309	<u>catherine</u> w	ood 4400 Quarl	
7	ficat shysi pap nava	ent,		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY	clip Resp.	Sevilence -	Terrinal	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST	ing I	a o		IMMEDIA"			Jeondore	70 100010	
510	tteno treno ve co an, c	E C		Conditions, if any, which	DUE TO, OR AS A C	N N	onchorenic	Con = blow	rel
PR	he a ema ema	1		gove rise to immediate couse (a), stating the	(D)		, 0	0	
× ×	by t dose r Il, cre	E C		underlying couse lost.	DUE TO, OR AS A CO	ONSEQUENCE OF	effusione	9 sepsis.	
, 201	gned n ple burio	, d		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT		NAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
RECORDS,	en sig	<u></u>	CERTIFICATION		epsil 7	Sowel	asmilio	<b>ا</b>	
ECC	law is be ermit	S din	ICA	190 DATE OF OPERATION	196. CONDITION FO	R WHICH OPERATION	WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
IAL	The I	2	RTIF					YES NO	YES NO
2	physical phy	04		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MO	NTH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITE	4 18, PART 1 OR PART 2]
O Z	SICIAI ing ph certific unalitr		MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			
DIVISION OF VITAL	tend tend the b	5	MED	21d INJURY OCCURRED  WHILE NOT WHILE	21e PLACE OF INJUR (AT HOME, STREET, FACTOR	(Y RY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	After as the solth of the solth of the solth of the solth of the solution of t	NO.		AT WORK AT WORK		101	2210 10	10 120	-
	or use			22a. I certify that (1) (this haspi saw the deceased alive an	10/27/5	10 20		. 10	hour and from the causes stated
	hospi RECT ed fo pt. of	T III		above, (I) (we) (did) (did no 27b. SIGNATURE	t) view the body ofter dea	in.	DEGREE		22c. DATE SIGNED
	the the part of th	=		Burnel	S Farose			MEDICAL STAFF DIRECTOR   PHYSICIAN	
	HOSPITA ined by FUNERA old be de			224. PHYSICIAN'S NAME (TYPE O	PR PR INT)		22e ADDRESS	DIRECTOR PHYSICIAN	
	ro HOSPITA  retained by  TO FUNERA  should be di  with the State  MADORTANT	5		G.S. GR	OVER		Southern	MARGIAND	HOSPITAL
	5 g 6 g 3 g	<u> </u>	23a B	URIAL CREMATION REMOVAL		23c. NAME OF CI	MINERY CE dremathy		
10	BP		(5	Burial	10/2 /81	Church	Comotory	Chanel Hill	Maxuland state
DH	MH - 16 50M 7/77		24. FL	INERAL DIRECTOR		DORESS	25a. DATI	REC'D. BY REGISTRAR 251 RE	GISTP POSENCHATING A POSE
	(VR A 15 (4))			147016	Masan Tuo 1		Hann Dd NO	V 2 1981 CAN	D.

21201

FILED, 301 W.

SHOULD BE BE RETAIN

OF VITAL

DIVISION

OF HEALTH AND MENTAL HYGIENE, D

FORWARDED TO THE CHIEI
TOR: PAGE 3 SHOULD BE USE
THE STATE DEPARTMENT OF H
ND, 21201 PRIOR TO BURIAL, C

MEDICAL

FOR - STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

14. FATHER'S NAME

(YES, NO, OR UNKNOWN)

No

3. SEX

## STATE OF MARYLAND

WIDDLE		LAST	12 (21)		20. DATE		MONTH	DAY	YEAR	2b. HOUR
William	Jacks	son			DEATH	MATED	Oct	24	19	81
E OF BIRTH	6. AGE (IN YEARS		YR. IF UND	ER 24 HRS.	2c. DATE		MONTH	DAY	YEAR	2d HONE
c 10, 1944	36 YRS.	MUNITIS DA	YS HOURS	MIN	PRONOUN DEAD		24,	19	81	350 N
IZEN OF WHAT COUN	NTRY? 8.	MARRIED [	NEVER MAI		9. BALTIM	ORE CITY OF		OF DEA		17

male	white	Dec	10,	1944	36 YRS.
G. BIRTHPLACE	STATE OR	7b. CITIZE	N OF W	HAT COUN	TRY? 8.

Joseph

4. RACE

164. WAS DECEASED EVER IN U.S. ARMED FORCES?

IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Residence Mt Rainier

MIDDLE

Pre Georges

(IF YES, GIVE WAR OR DATES)

USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY

t Rainier

Joseph Wilbur Jackson 166 SOCIAL SECURITY NO

215 44 5283

15. MOTHER'S MAIDEN NAME Vivian Oaklev 17. INFORMANT

13d. INSIDE CITY LIMITS?

NO [

YES X

ADDRESS Vivian Shavor Mt Rainier, Md.

120 USUAL OCCUPATION (TYPE OF WORK

MIDDLE

FOR MOST OF WORKING LIFE)

4000

13e. STREET ADDRESS

Maintainence

18. CAUSE OF DEATH (Enter online PART I DEATH WAS CAUSED	y one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVA BETWEEN ONSET AND DE
IMMEDIAT	E CAUSE (a) 1009 Kins Bruens	
0017	DUE TO, OR AS A CONSEQUENCÉ OF	
Canditions, if any, which gave rise to immediate	(b)	
cause (a) stating the under- lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
	(c)	
PART 2 DTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
5		
190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?

21a. EXTERNAL CAUSE WAS

NOT WHILE

220. I certify that I took charge of the remain

AT WORK

AT WORK

death resulted fram

EXAMINER'S NAM (TYPE OR PRINT)

24. FUNERAL DIRECTOR

UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY (AT HOME,

described above, held an

STREET, FACTORY, FARM, ETC.)

If LOCATION STREET

Autopsy

CITY OR TOWN

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 21

COUNTY

and in my opinion

YES

STATE

NO I

12b. KIND OF BUSINESS

OR INDUSTRY Litton Ind.

Street

LAST

PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SHALLIMORE, MARYLAND, 2 DIRECTOR:

DIVISION OF VITAL RECORDS,

BP **DHMH-17** (VR A15 ME (5)) 15M 7/77

230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Oct 27, 1981

23c. NAME OF CEMETERY OR CREMATORY Ft Lincoln Cemetery

Inspection

13d. LOCATION

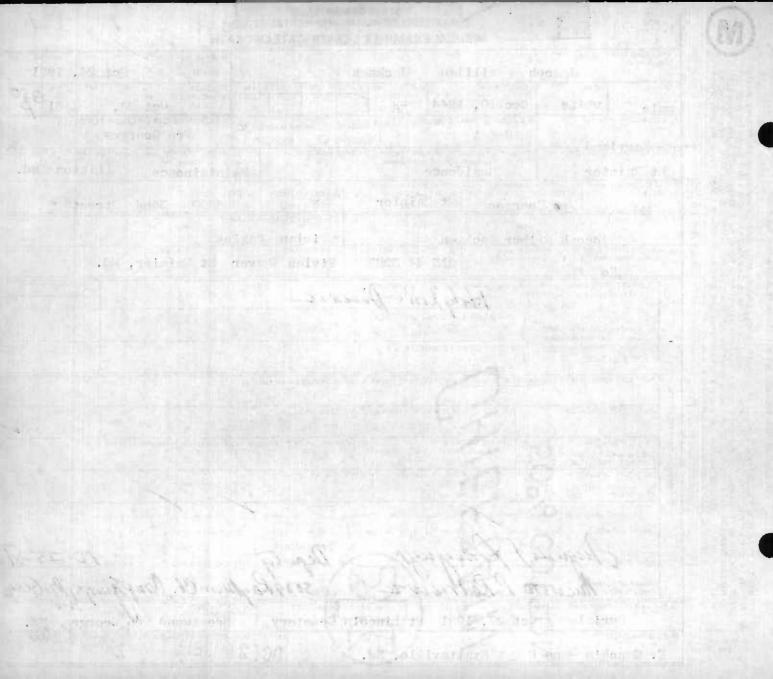
Undetermined monner

MEDICAL EXAMINER

Brentwood Pro Georges BY REGISTRAR

F. Gasch's Sons P A Hyattsville, Md.

Hamicide



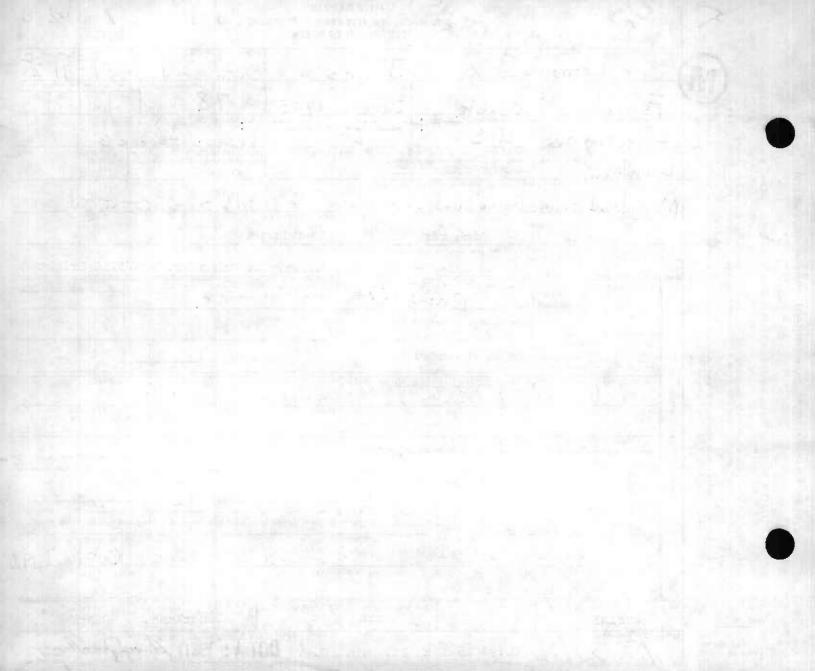
10-16-81 (2 AH	: 4-1.1		AGIITA	
PRINCE GEORGE'S COUNTY				
	, and the second			C EVERLY
Strang Link . T. 1 175				
	2012	22-0-10		
A A A A A A A A A A A A A A A A A A A		1. 10		
	Sensolat Sales			
		N. Paran		
	nestation of	h-fem	w/2	4 44
and the state of some				

22.25	.TRO	THE BETWEEN		1. 7.
	70	Sept. 11 1896	aucisian	2,739,73
215	erino i corini	×	.4.8.0	.cining PV
9 777 +2	r sousswife	nd Mospitel Cente	elvis varitio	Clicton
heof fi	SIONerby Hil	v mitter	idew .t. e.ace	o .if braint
4.00		v.o.r.	n alloi	O Tles
co illin.	rai Off 	500 Petricia A.	) - 1 B - 6 L	o <sup>k</sup>
是"海南州		COMPANY ADDRESS	A CASDIOPLL	
. arfamati	20,735	PHOTE TO STORE O	ETATATE	
No.	Senatti (3	referenciave pulmer	lo elicon e	
tanatakana. Tanatakana.	ekanbi estan eta	mathe at mits	tuanic years 200	
	Ar., 100	ta to		Y X X X
	001.24	rv E		

George P. kills Sugeral Home

of the second second

5	FOR STATE REGISTRA	A.R		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 1	2	7 3 42
	1 DECEASED NA	AME FIRST	MIDDLE		LAŠT		MONTH DAY	YEAR 26. HOUR
4 may be		Leonor		Jo	7 7 7 7 7	October	1,19	8/11/
Page 4 m	Fem	ale	Black	Ju )	1 10 07	6. AGE (IN YEARS LAST BIRT	YRS.	DER I YEAR IF UNDER 24 H
death. B	70. BIRTHPLACE	SIANA	Th CITIZEN OF WHAT?	. MARRIE	D NEVER MARRIED DIVORCED	Prince (	rcountyofd	EATH 'S
hours after in by the filled within must be no	Lank	OF DEATH	11. NAME OF HOSPITA  (# NOT IN SUCH FACILITY  DOCTOR S I	L, NURSING HOME GIVE STREET ADDRESS) HOSPITAL	OR OTHER INSTITUTION	12ª USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOUSEWIFE	WORKING LIFE) IN	KIND OF BUSINESS DUSTRY  None
filled ald be	USUAL RESIDENTIAL TO STATE	CE (IF NURSING HOME OF	/ 11	DENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS	ahtse	it Rd.
completely 1 and 2 shor	II. FATHER S/NA FIRS		MIDDLE Richa	LAST ards	15 MOTHER'S MAIDEN NA FIRST Unkn	MIDDLE	3	LAST
be est and ages the r	160 WAS DECEA (YES, NO OR UN NO	SED EVER IN U.S. AR (NOWN) (NEYES, GIVE	E WAR OR DATES)	2-60-0986	Mr. Anthony	ADDRE N. Johns, Ji		ll6 Bright
requires that the death certificate in signed by the attending physiciar hen please remove carbon papers. P to burial, cremation, or removal.  If injury, or other traumatic event, by injury, or other traumatic event.	Condition gove ris couse i underlyin	s, if ony, which e to immediate o, stating the g cause lost	DUE TO, OR AS A C  (b)  DUE TO, OR AS A C  (b)  DUE TO, OR AS A C  (c)  CONDITIONS CONTRIBU	ONSEQUENCE OF	NOT RELATED TO THE TERM		. //	PART I(a)
s bee shirt. Thirt. Thorior ws an	I 190 DATE O	DF OPERATION	196 CONDITION FO	OR WHICH/OPERATION	Christic K ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEF	RE FINDINGS USED CAUSES OF DEATH?
PHYSICIAN: Tog physician.  This certificate hurial-transit per Mental Hygien  d or Item 18 sh	00.004,70.0	NT WAS UNDERLYING UTING CAUSE OF DEA	HOUR A.M. MC	ONTH DAY YEAR	21c HOW INJURY OCCUR	YES NO	YESY IN ITEM 18, PART 1 O	NO [
TENDING PHYSICIAN: The lor attending physician. TOR: After this certificate hause as the burial-transit perm Health and Mental Hygene 21 is marked or Item 18 sho	1 ×	Y OCCURRED  NOT WHILE AT WORK	P.M. 21e PLACE OF INJU (AT HOME, STREET, FACTO		21f LOCATION STREET	CITY OR TOW	n co	UNTY STATE
JA AT AT hospital DIRECT hed for Joept. of If Item 3		e deceased alive an	tal) attended the decease of the trip view the body after decease of the trip view t	(2)	nd that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	deoth occurred on the do	F _ 2	, mor (i) (we) i
TO HOSPITAL tetained by the TO FUNERAL should be detact with the State of IMPORTANT:	226. PHYS	CIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS			1)/
5 F-5 } =	230. BURIAL, CRE (SPECIFY) Bus	MATION, REMOVAL	236. DATE 10-6-81	23c. NAME OF Chur	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN TEXAT	count	Ark STATE
DHMH-16 25M (VRA 15 4) 1/79	24 FUNERAL DIE	ECTOR	2 Co. 3015	ADDRESS 12th St	N. E . D C	E REC'D, BY REGISTRAR	256. REGISTRAR'S	GIGNATURE HATCH



6	1,	FOR STATE		DEPART	STATE OF MA MENT OF HEALTH A		GIENE 8	2	7	5 2
		REGISTRAR			CERTIFICATE	OF DEATH	REG. N	Э.	-	
		CEASED NAME FIRST	MI	DDLE	LAST		2s. DATE OF DEATH	MONTH OAY	YEAR	2b. HOUR
be 3 sath		ISAA	C M	1	JOSEP	Н		10 27	81	8:20
may b	3. SE	X	4 RACE		5 DATE OF BIRTH		6. AGE (IN YEARS LAST BIRT		INDER I YEAR	IF UNDER 24 HRS
Page 4	m	ALE	CAUCASIF	an a	2014 1		6	YRS. MON	THS DAYS	HOURS MIN
व विव	7a. 8	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF W		MARRIED X NE	/EP MAPPIED	9 BALTIMORE CITY O			
desir	S	SUTH CAROLINA	USA		WIDOWED	DIVORCED [	PRINCE GEO	RGE'S C	OUNTY	M
hours after in by the filed wit must be m		CHEVERLY			GENERAL H		120 USUAL OCCUPATION OF OF WORK FOR MOST OF	WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS O
24 ho	USU 13e	AL RESIDENCE (IF NURSING HOME STATE 136 COL	OR OTHER INSTITUTION, C	GIVE RESIDENCE BEFOR	E ADMISSION)	DE CITY LIMITS?	13e. STREET ADDRESS			
within 24 h		ARYLAND PO		LANDAN			6530 PRIN	CESS GA	RUEN	Pkwy
short short	14. F.	ATHER'S NAME	WIDDLE			HER'S MAIDEN N	AME			
complete and 2		Macic	WIDDLE	JUSED		MARU	MIDDLE		MAH	
		WAS DECEASED EVER IN U.S. A		SOCIAL SECU			ADDRE	SS	7.17.11	000
e be ex an and Pages t, the n	1	YES, NO OR UNKNOWN] (IF YES, G	A WAR OR DATES)	579-18-0	342 mic	L ANIISH	oseph Sami	AS 13	2	
al.		18. CAUSE OF DEATH (Enter				0 1	OCEPTI OFFICE	113 10	APPROXI	MATE INTERVAL
physiphysic evitic evit		PART I. DEATH WAS CAUS	SED BY:	Lyncar	1: 1 12.	tarcti	oh + Car	ar Arte	4	INSET AND DEATH
death cert ending ph carbon pa on, or rem traumatic		21/C/	ATE CAUSE (o)		Marin Inc.	-1	0	No To The Park	7/	11
		Conditions, if ony, which	DUE TO, OR	AS A CONSEQU	ENCE OF	Isdem	4		2	4 h
the attimove emati		gave rise to immediate	(b)		Dract					
by the reference or		cause (0), stating the underlying cause last.	DUE TO, OR	AS A CONSEQU		r GI L	emorkage.	45 34		
equires signed n pleas b burial		PART 2 OTHER SIGNIFICANT	(c)	(0)//0		0 11	MINAL DISEASE OR CON	DINON CIVEN	IN L DA DT 14-	
2 2 2 2	Z	C. C. C. L.	2 = +	NIKIBOTING IC	DEATH BUT NOT REL	As O'V	). LILL OFF	TPA ()	n PARI III	
a = - = = = = = = = = = = = = = = = = =	CERTIFICATION	190 DATE OF OPERATION	TIPL CONDIT	ION FOR WHICH	OPERATION WAS PI	REORMED	1786 AUTOPSY	20b. IF YES, W	ERE FINDIN	IGS USED
e ha	F	10/2/151	1511		from	aastrit	YES PE NOT	IN CERTIFYIN	G CAUSES	OF DEATH?
AN icat icat icat icat icat icat icat icat	1 🖁	210. ACCIDENT WAS UNDERLYING	21b. TIME OF		IZIC HO	W NJURY OCCU	RRED (ENTER NATURE OF INJUR	-	-1	ПОП
HYSICI, physicians is certificial-trans fental H or Item		OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M		AY YEAR					
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M 21e. PLACE O		19	ATION				
	WEI	WHILE IT NOT WHILE IT	(AT HOME, STREE	ET, FACTORY, OFFICE,		REET	CITY OR TOV	'N J	COUNTY	STATE
Ot ot E		AT TORK	1		10/201/	* 7	10/11	101		
hospital or a DIRECTOR: bled for use a Dept. of Heal		220 I certify that (I) (this has saw the deceased alive of	1011111	deceosed from		19_0/		19_		that (I) (we) la
A AT spital RECT for t. of tem 2		abave, (1) (we) (did) (did i	not) view the body o	fter death		(my) (aur) apinior	death occurred on the de	ne and hour on		
AL Orl AT: the hospital AL DIRECT stached for use Dept. of		221. SIGNATURE	16	110	DEGREE	ATTENDING	MEDICAL STAI		22c DATE	SIGNED
HOSPITAL O		fecture	6	uje		PHYSICIAN			10/	18/81
OSP in be of by STA		22 PHYSICIAN'S NAME TYPE	OR PRINT)	017	22e ADI	DRESS			1	1
TO HOSPITAL retained by the TO FUNERAL should be detact with the State it		JEROME SAND	LER M.D.		64	190 LANDO	OVER RD. LAN	DOVER, I	MD. 20	785
FE FENS	23a.	BURIAL CREMATION, REMOVA		23c	NAME OF CEMETERY		23d. LOCATION CITY OF TOWN		JNTY	STATE
BP 6	1	BURIAL	OCT 30	1981 m	T OLIVET CE	METERY	WASHING		POLIT	D.C.
DI 18411		UNERAL DIRECTOR		400000			TE REC'D. BY REGISTRAR	256. REGISTRAF	'S SIGNATI	
DHMH-16 25M (VRA 15, 4) 1/79	6	RANT F.H. 9013	ANNADALIC	Rd. Lan	ham Md	N	OV 3 1981	21 (	10	w
		ארועו ווווי	PO112	LICH LAN	TOTAL TOTAL		- 100	J. T. C.Co	16	10 160

IS VIC. M JOSEPH

PRINCE GEORGE'S COUNTY

CHEVERLY PRINCE GEORGE'S GENERAL HOSPITAL MAGNETERS

a Arton I

The state of the s

10 27 81 8:20

AST CONTRACTOR OF THE STATE OF

Out the second of the second o

JEROME SANDLER M.D.

6490 LANDOVER RD. LANDOVER, 10. 20785

Some THE POOR PARTO SILL SULL PRINTING MADE

10-16-81 11:30AM LOUISE Y. KANS PRINCE GEORGES COUNTY CHEVERLY PRINCE GEORGES GENERAL HOSP. ATTACK TO BE CONTRACT OF THE PROPERTY OF THE PARTY OF THE 日本日本の方は代 一部自由したいかった

e former and the contract of t

STATE OF MARYLAND

The relation - way to be family not be STR 34 9786 artimeter ally state above

ordiceon runeral love, Jours Lincoln Comptens Orentees , Maruland

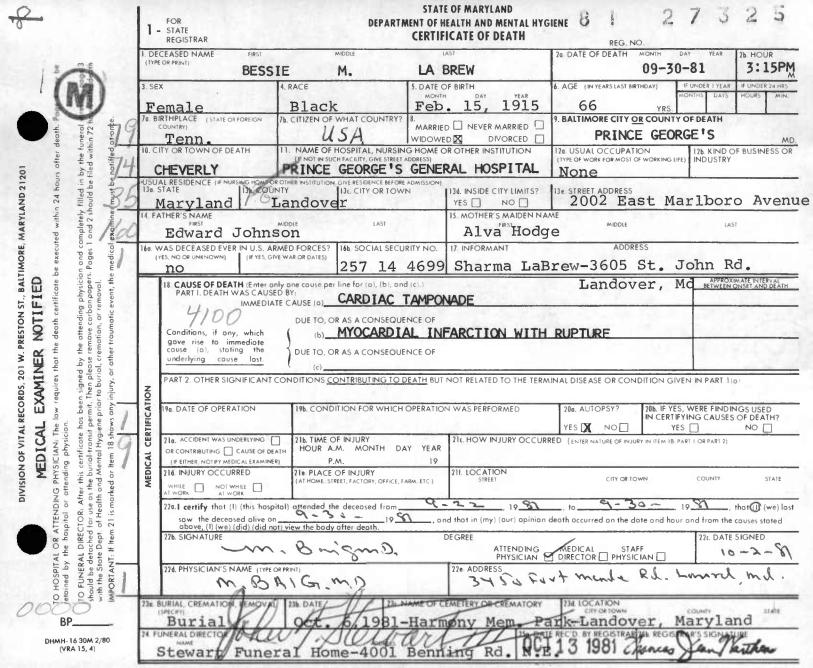
3	I. DE	FOR STATE REGISTRAR  CEASED NAME ORPRINT) FIRST		DEPAR	TMENT OF H CERTIF	EALTH AND ICATE OF	MENTAL HYG	REG. NO.	10.1100K
age 4 may be lirector, page 3 purs ofter death	3. SE	Yemale HLO	A RACE Cauc.	L.	S DATE O	F BIRTH	1937 <b>1939</b>	6. AGE (14) YEARS LANT BRYTHMAY)	FUNDER I YEAR IF UNDER 24 H
decoth. T	P	RTHPLACE (STATE OR FOREIGN DUNTRY)  PINA.  ITY OR TOWN OF DEATH	USA	WHAT COUNTRY	WIDOWE	D D	MARRIED	Prince C	be proper
hours offer d in by the f be filed with	(	CLINTON  AL RESIDENCE (IF NURSING HOM	SO . M	HEACILITY, GIVE STRE	CGNT		SITIOTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK  Key Punch Op	RKING LIFE) 126. KIND OF BUSINESS INDUSTRY  PER TO BUILDING
24 24 m	1.13a. S	Md. Pr	VINIY	Oxon Hi	11	YES 🔼	NO O	13e STREET ADDRESS 2220 Alice	Ave.
RE, MARYLA ecuted within d completely f es I and 2 sha icolegominer		WILLS VAS DECEASED EVER IN U.S.	MIDDLE	Taylo			Goldie	MIDDLE	Pence
BALTIMORE, cate be execut spers. Pages 1 vol. it, the medical	()	VAS DECEASED EVER IN U.S., (IF YES,	GIVE WAR OR DATES)	577-48-			. Kemp	same as item	11 - 2
IN W. PRESTON ST., that the death certific day the ottending pheose remove carbon palot, cremation, or remove or other traumatic ever		18 CAUSE OF DEATH Enter PART I. DEATH WAS CAI IMMED Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O		UENCE OF	atro	ova	rian cance	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
he law requires on. hos been signe t permit. Then plene prior to bur ows ony injury, t	CERTIFICATION	PART 2. OTHER SIGNIFICAN	196 CONDI	ITION FOR WHIC					ON GIVEN IN PART 1(a)  OF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
HYSICIAN: Inding physics or them 18 or them 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IFEITHER, NOTIFY MEDICAL EXAMINATION OF COURRED WHILE NOT WHILE AT WORK AT WORK	DEATH HOUR A. NER) P. 21e PLACE	M. MONTH M.	19	21f. LOCAT		RED (ENTER NATURE OF INJURY IN I	ITEM 18, PART 1 OR PART 2)  COUNTY STATE
TENDI offol or TOR: A for use of Heol		220.1 certify that (I) (this has sow the decrosed alive above, (I) (we) (did) (pto 22b. SIGNATU	on Oel	17 19	X1 , or	orthat in (my	) (bur) opinian	deoth occurred an the date o	nd hour and from the couses stated
TO HOSPITAL OR TAIL retained by the hoss should be detached it with the State Dept.		22d. PHYSICIAN'S LIME IT	LAIDAK			22e ADDRE	allow	MEDICAL STAFF DIRECTOR PHYSICIAN	- N/N/X/
703 BP	(:	BURIAL, CREMATION, REMOVE Burial	23b. DATE 10/20/	4-			crematory emetery		P.G. Md.
DHMH - 16 50M 7/77 (VR A 15 (4))	1	INERAL DIRECTOR NAME P. Kalas 6160	Oxon Hi	ADDRESS	xon Hi	11. Ma	25a. D.AT	GT 2 3 1981	REGISTRAPS FIGNATURE

	13.97		\$ (05)		4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	
	(d 9)	1939	9	¢	.ous	Fernie
			X		sa	enns.
riblic rolla	og) form yal			mot gran		Ellary pla
. 900	000 1 0333		χ	1111	ir. Geo. Or	۱٬۵۰
9009		9 15 [0]		Taylor		elili.
574	maji sa amas	٠٠٠٥ . ا	J.eol	7-1,4-7263	ra la	70

. G. W. terwar Gretery Deltenber

| 10/20/21

G.F. Fring 6160 Cxon Hill Me. Oxon Hill, Me.



HESSIE M. LA SPEN

1-2-0

PRIME GEORGE'S

PRINCE CEURGE'S GENERAL HOSPITAL

HAD AL DATUME

MYDCARDIAL INFARCTION WITH RUPTURE

								REG. NO.		
		CEASED NAME E OR PRINTS	FIRST	MIDDLE	E	L	AST	20 DATE OF DEATH MON	TH DAY YEAR	R 2b HOL
	_		Charle		pert		ndis	October 8,		5:1
	3. SE			4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DA	
-		Male		White		Marc	h 19, 1916	65	YRS.	
(BE		IRTHPLACE (STAT		76. CITIZEN OF WHA	T COUNTRY?	10.	NEVER MARRIED	9. BALTIMORE CITY OR CO	DUNTY OF DEATH	
#1		shington		U.S.A.		WIDOWE	DIVORCED	Prince Geor	ge's Cou	nty
1	10. C	ITY OR TOWN OF	DEATH	11. NAME OF HOSP (IF NOT IN SUCH FACE			ROTHER INSTITUTION	12a USUAL OCCUPATION	RKING LIFE) INDUST	D OF BUSIN
14		heverly		Prince Ge	eorge's	Gene	ral Hospital	Receiving Cl		d Sto
500	13a.	AL RESIDENCE (F	NURSING HOME OR 13b. COUN	OTHER INSTITUTION GIVE F	RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
10°	-	ryland	P.G.	Co. W.	Hyatt	svill	EYES X NO [		an Stree	t
nine	14 F	ATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		
504		George		arsh	Landis		Margaret	T.	Shug:	rue
dico		VAS DECEASED ET		MED FORCES? 16b	SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
ae l	,	Yes	W.W	.II 57	79-10-1	369	Roland A. La	ndis (Son) Sa	me as # :	13.
, the		18 CAUSE OF D	EATH (Enter on	ly one couse per line f	for (b), one	(c)				ROXIMATE IN
ocmo		Conditions, if	ony, which	DUE TO, OR AS	a CONSEQUE	CC	garline	uleules	-	
njury, or ather troumat	NO	gove rise to couse (a), st underlying co	immediate tating the ouse last	DUE TO, OR AS	A COMSTONE	lu	Garley NOT RELATED TO THE TERM	MAL DYFEASE OR CONDITION	DN GIVEN IN PART	lio
nows any injury, or other troumot	TIFICATION	gove rise to couse (a), st underlying co	immediate toting the buse last	DUE TO, OR AS .	A CONSPONE	EATH BUT	GALLY NOT RELATED TO THE TERM	INAL D FEASE OR CONDITION  200 AUTOPSY? 20b	ON GIVEN IN PART  IF YES, WERE FIN  CERTIFYING CAUS	IDINGS US
Item 18 shows any injury, or other troumat	CAL CERTIFICATION	gove rise to couse (a), st underlying countrying con PART 2 OTHER S	immediote toting the buse lost  ERATION  SUNDERLYING	DUE TO, OR AS.  ONDITIONS CONTR  19b. CONDITION  21b TIME OF INJ HOUR A.M.	A CONSTOUR A CONSTOUR BIBUTING TO D	COMPEATION	N WAS PERFORMED	200 AUTOPSY? 200 IN	IF YES, WERE FIN CERTIFYING CAUS YES <b>X</b> ]	DINGS US SES OF DEA
Shows 9	MEDICAL CERTIFICATION	gove rise to couse (a), si underlying country of the state of the stat	immediote toting the buse lost  ERATION  SUNDERLYING	DUE TO, OR AS.  ONDITIONS CONTR  19b. CONDITION  21b TIME OF INJ HOUR A.M.	A CONSEQUE  A CONSEQUE  BUTING TO D  FOR WHICH (  URY  MONTH DA	OPERATION  Y YEAR  19	N WAS PERFORMED	200 AUTOPSY? 200 YES X NO	IF YES, WERE FIN CERTIFYING CAUS YES <b>X</b> ]	DINGS US SES OF DEA
Shows 9		gove rise to couse (o), st underlying country (o), st underlying country (o), st underlying country (o), st underlying country (o), and (o	immediote today to the passe of	DUE TO, OR AS.  ONDITIONS CONTR  196. CONDITION  196. CONDITION  196. CONDITION  196. CONDITION  216. TIME OF INJ HOUR A.M. 216. PLACE OF IN (AT HOME, STREET, FA	A CONSPOUE  IBUTING TO D  I FOR WHICH OF  IURY  MONTH DA  IJURY  ACTORY OFFICE FA  Tegsed from  10	OPERATION  Y YEAR  19  JRM ETC.)	21c. HOW INJURY OCCURE 21f. LOCATION STREET  19 d thotal (my) (our) opinion of	200 AUTOPSY? 200 IN YES X NO RED (ENTER NATURE OF INJURY IN I	IF YES, WERE FIN CERTIFYING CAUS YES  TEM IS PART : OR PART COUNTY	DINGS US SES OF DEA NO 2)
1: If Ifem 21 is morked or Ifem 18 shows of		gove rise to couse (o), st underlying country (o), st underlying country (o), st underlying country (o), st underlying country (o), and (o	immediote totaling the buse lost significant of the buse lost support of the buse of the b	DUE TO, OR AS  ONDITIONS CONTR  19b. CONDITION  19b. CONDI	A CONSPOUE  IBUTING TO D  I FOR WHICH OF  IURY  MONTH DA  IJURY  ACTORY OFFICE FA  Tegsed from  10	OPERATION  Y YEAR  19  JRM ETC.)	21c. HOW INJURY OCCURE  21f. LOCATION STREET  19  2 thotal (my) low) opinion of DEGREE  ATTENDING PHYSICIAN \$	200 AUTOPSY? 200 IN YES X NO RED (ENTER NATURE OF INJURY IN I	LIF YES, WERE FIN CERTIFYING CAUSTES 12 TEM 18 PART : OR PART COUNTY	DINGS US SES OF DE- NO 2)
1: If Ifem 21 is morked or Ifem 18 shows of	MEDICAL	gove rise to couse (o), st underlying couse (o), st underlying country (o), st underlying country (o), st underlying country (o), st underlying (o	IMMEDIOTE CONTROL EXAMINE TO PER CONTROL EXAM	DUE TO, OR AS  ONDITIONS CONTR  198. CONDITION  198. CONDITION  198. CONDITION  218. TIME OF INJ HOUR A.M. 216. PLACE OF IN (AT HOME, STREET, FA  OI) ottended the dec	A CONSEQUE BUTING TO D  IFOR WHICH OF  IURY MONTH DA  IJURY ACTORY OFFICE FA  Geosed from  death.	PEATH BUT I	216. HOW INJURY OCCURS 216. LOCATION STREET  19 d that (my) How opinion of Physician R 272e Address  7676 New Ham	200 AUTOPSY? 200 IN  YES NO IN  RED (ENTER NATURE OF INJURY IN I	COUNTY  19  10  10  10  10  10  10  10  10  10	DINGS US SES OF DEA NO 2) the couses s
Shows 9	WEDICAL MEDICAL	gove rise to couse (o), stunderlying country (o), stunderlying country (o), stunderlying country (o), stunderlying (o),	IMMEDIOTE CONTROL EXAMINE TO PER CONTROL EXAM	DUE TO, OR AS.  (c)  ONDITIONS CONTR  19b. CONDITION  21b. TIME OF INJ HOUR A.M. P.M. 21e. PLACE OF IN (AT HOME, STREET, FA	A CONSPOUE BUTING TO D  IFOR WHICH OF  IURY MONTH DA  IJURY ACTORY OFFICE FA  George from	OPERATION  Y YEAR  19  AME OF CE	21c. HOW INJURY OCCURS  21f. LOCATION STREET  19 d that (my) (open) opinion of the company opinion	200 AUTOPSY?  YES NO NO IN  RED (ENTER NATURE OF INJURY IN I  CITY OR TOWN  MEDICAL STAFF DIRECTOR PHYSICIAN  PShire Ave. Litt OR TOWN	COUNTY  19  10  10  10  10  10  10  10  10  10	DINGS US SES OF DEA NO 2) the couses s

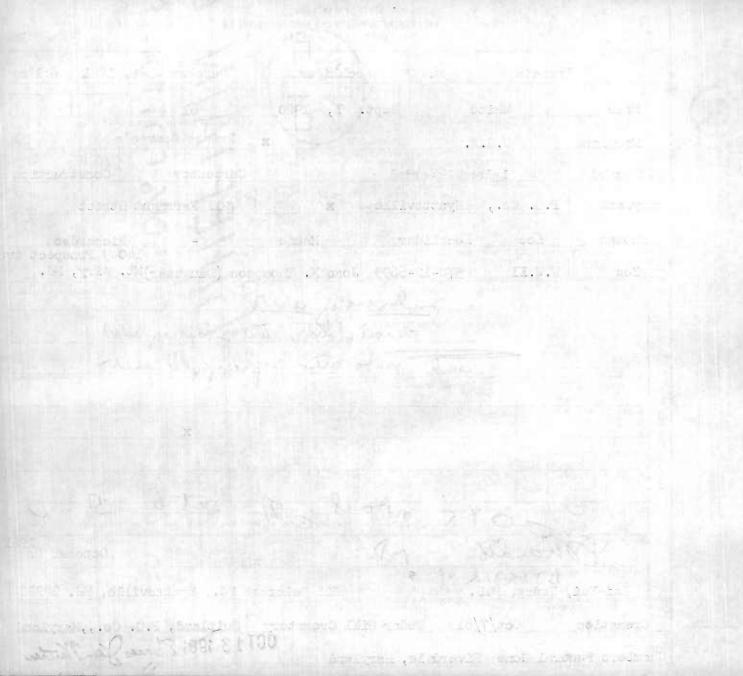
0-

STATE OF MARYLAND

providence strain activities in larest interest to a read solitical to average AND THE RESIDENCE OF THE PROPERTY OF THE PROPE [14] F. 12] The second (MCD) is second at the Lots of Control of C Har Bigues as Tangerto, Mail. 1947 has have a few traction and the Market Marke 17 dl (.cq .f. 7. 1000 post transport 1. 1. 201) to the Situation of the second contract the second

	1.	FOR STATE	DEPARTMENT OF	ATE OF MARYLAND HEALTH AND MENTAL HYC	GIENE 8	2 7	327	
/		REGISTRAR		IFICATE OF DEATH	REG. NO			
R		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH		YEAR 26 HOUR	
1	3 SE	Bernice		PORTE	October 31,		9:30p	
		Female	MOI	of Birth b. 7, 1913	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDE	DAYS HOURS MIN.	
36	W	RTHPLACE (STATE OR FOREIGN COUNTRY) SCONSIN	76. CITIZEN OF WHAT COUNTRY? 8. MARR WIDON	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O PRINCE	R COUNTY OF DE	COUNTY	
3:		LANHAM	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY GIVES IT TO THE STATE OF THE STATE O	OSPITAL	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O SChool Te	on 12b ind ach.	KIND OF BUSINESS OF	
35	130. 9	MD. 136 COU	R OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION NTY 13c. CITY OR TOWN Laurel	YES NO X	13. STREET ADDRESS 15710 Mil		Lane	
ol.	14 F	THER'S NAME Frederick	Disch	15. MOTHER'S MAIDEN NA EIRST EN	WIDDLE		Striess	
1			RMED FORCES? 166 SOCIAL SECURITY NO IVE WAR OR DATES) $395-01-2897$	124				
G	ATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT.NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id.  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  200 IF YES, WERE FINDINGS USED						
7	CERTIFICATION				YES NO	IN CERTIFYING C	CAUSES OF DEATH?	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. MONTH DAY YEA		RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR I	PART 2)	
	MEDICAL	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM ETC.)	211. LOCATION STREET	CITY OR TO	AN CO!	unty state	
			ital) ottended the deceased from	ond that in (my) (aur) opinion	to death occurred on the da	ite and hour and Ir	. that (1) (we) los	
		226. PHYSICIAN'S NAME (TYPE C	- Ballens	22e ADDRESS	MEDICAL STAF	F IAN	c. DATE SIGNED	
_		UN STUART URIAL, CREMATION, REMOVAL SPECIFY)		321 PRINC	23d LOCATION			
1		Burial  NERAL DIRECTOR  Singleton F	1. Thekin Gler	wridge Mem I Burnie NO	PK Elkrid	ge, How	ard, MD	

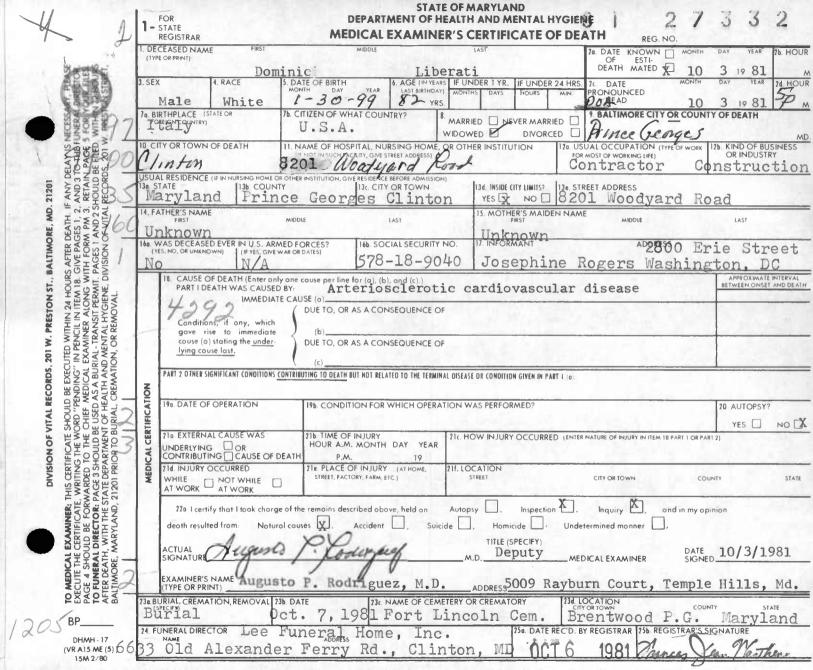
ME KOLL LIGHT OF HERE TO THE ALL AND A SHA \$ C 1 22 DEST & BEST PROPERTY. The Files of Later and the LEW STELLE ELL THE LINE SELF FROM E ELL ST LEWELLING MA 04:01 18-15-01 MARY A. LITISAW PRINCE GEORGE'S CHEVERLY PRINCE GEORGE'S GENERAL HOSPITAL .... when the second of the second of The Carlot of the Carlot of Logic of the Carlot of the Car 1881 78 100 M

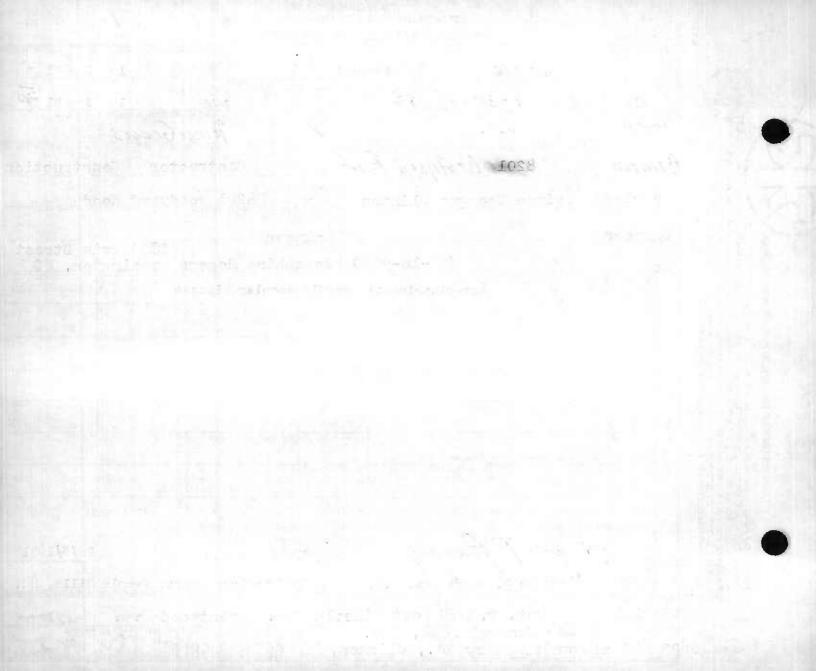


configuration of the state of t . of . would be redesided to the first war to be a first war. To d. . del. . 301- willest block of the state and it means to be a CENTRAL SEE THE STREET SHEET TO SEE THE SEE STREET The Part of the Property of the Part of th Bones I work and the term of the court of th THE PERSON AND ASSESSED.

3/3	1.	FOR STATE REGISTRAR			DEP	ARTMENT	OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	YGIENE	3 1 REG. N	2	7 3	3 1
1 2 2		CEASED NAME OR PRINT)	FIRST IRWIN		OHN		LE	WIS	20. D	ATE OF DEATH	10-07-		1:30 AM
	3 SE	MALE		4 RACE BLAC	K		ATE OF	BIRTH 3, 1942 YEAR	6. AG	E (IN YEARS LAST BIR	YRS.	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		RTHPLACE (STATE OR E		7b. CITIZEN OF USA	WHAT COUN	M	ARRIED	NEVER MARRIED DIVORCED		RINCE GE		OF DEATH	MD.
1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CH	TY OR TOWN OF DEA	-					L HOSPITAL	12a U	ABORER STO	ION DF WORKING LIFE)	12h KIND C	WASH
38 BE	USU.	AL RESIDENCE (IF NURS	III COUN	OTHER INSTITUTION	131. FORE	STVIL		13d. INSIDE CITY LIMITS?	- 13e S	TELT27 DRESS	HILMAH	R DR #	<i>‡</i> 402
MARKET TO SECONDARY	14 FA	THER'S NAME FIRST		MIDDLE	LAS	57		15. MOTHER'S MAIDEN N HESTER	IAME	MORRIS	5	LAS	iT
MORE TO THE		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	166 SOCIAL 230	SECURITY 82		WALTINA I	LEWIS	ADDRE		MAR I	DR.#402
Continue of the continue of th	5	18 CAUSE OF DEATH PART I. DEATH W	H (Enter onl AS CAUSED IMMEDIATI	E CAUSE (o)	BILAT	ERAL	- 1	BRONCHOPNI	EUMO	N/A		BETWEEN	MATE INTERVAL ONSET AND DEATH
The pression of the death central the death central the death central the death central the death of the death of the death of the transmetter as the death of the transmetter as the death of the transmetter as the death of the		Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	nediote g the	(b)	R AS A CONS		16					1	DAY
330	NON	PART 2. OTHER SIGN						COLLAPSE OF				V IN PART 1(d	01
A COLON	RTIFICATION	19a DATE OF OPERAT	NOI	19b. CONDI	ITION FOR W	HICH OPER	RATION	WASPERFORMED		AUTOPSY?		WERE FINDIN	
SICIAN SICIAN I	CAL CERT	210 ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEAT	TH HOUR A.	M. MONTH	d DAY Y	EAR	21c. HOW INJURY OCCU	IRRED (	NTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)	
MG PHY Sorted or Inches or	MEDICAL	21d INJURY OCCURR	ILE 🗀	21e. PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, O	IFFICE, FARM, ET		211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
TENDING OF THE NOTE OF THE NOT		22a.1 certify that (1) sow the decease above, (1) (we) (a	d olive on_	10	17	rom	, ond	that in (my) (our) opinio	n deoth	occurred on the de	Z		that (1) (we) last couses stated
TALOR AND WE AND OF THE PROPERTY OF EACH STATE OF THE PROPERTY	1	THE SIGNATURE DEC	pak	Pari		1	nas	S ATTENDING PHYSICIAN	MEI DIRE	DICAL STAI	FF CIAN []	22c DATE	SIGNED
O HOSPII found by O FUNES wPORTAN	3	DEEP!	AK	LASS	Que	ugn	11	220 ADDRESS PRINCE CH	GEL	RES. G.	EU. HOS 207	25	
210BP		URIAL, CREMATION, SPECIFY) BURTAL	REMOVAL	OCT 10	,1981	-		Y MEMORIAL	230	LANDO	VER, MD	COUNTY	STATE
DHMH-16 30M 2/80 (VRA 15, 4)		LEXANDER	s. POI	PE 261	7 PEW	NSYLV	ANIA	AVE S.E.	oct	DEBY REGISTRAR	25b. REC STR	AR'S SIGNAT	URE/asu

-17-81	0.1	21/31	SHO	$\vec{p} = \frac{\vec{q}}{2} \cdot \vec{p}$	51	
	86	C.P. T. W.		C		CLAR
C.	PRINCE CONG	17		ARM	71-3	0811
77.	LAPORATE	CVERAL HOSPITAL	GEORGES G		Υ.	isiva J
00/H ea 945	127 701	77.7 27.77	ar Lor	.0.		139
	17 18 CM	Self-trans			Otto	
HIE MAN DEL	70 LT ET LT	ARTHUAR POOF	1,50			Class
						7
						S.J.
eur	FLVCGVAI	IATEOMEN TECHNA	H PROF	ne gree		N HID





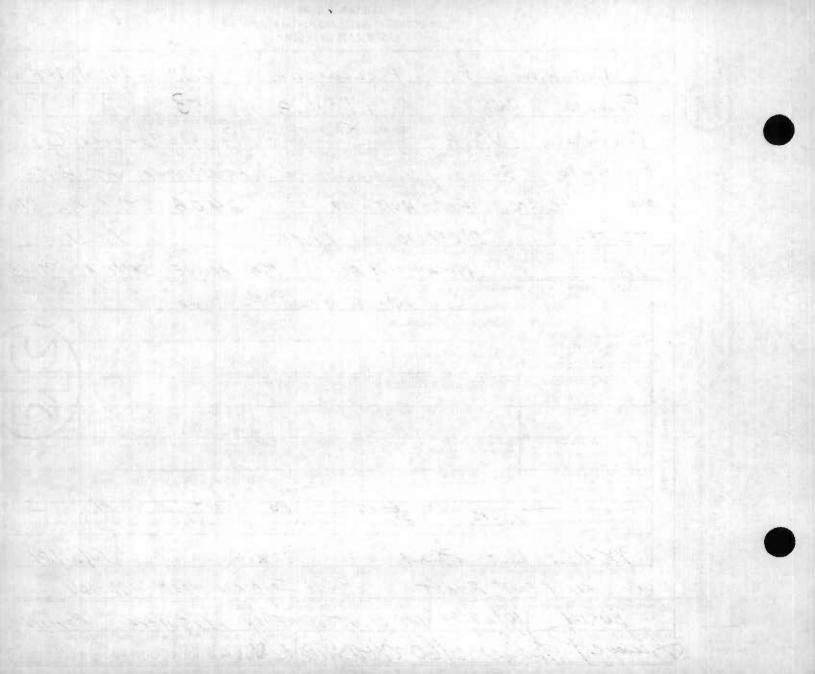
		STATE REGISTRAR CEASED NAM	E FIRST				H AND MENTAL CERTIFICATE	OF DEATH	REG. NO		
2925		E OR PRINT)	Marga	ret	Mae	Lohi	mann	OF	ESTI- H MATED	10-12198	2b. HOUR
10.55		male	4. RACE White	S. DATE OF BIRTH	1918	AGE (IN YEARS IF U LAST BIRTHDAY) MON 62 YRS.		R 24 HRS. 2c. DA MIN. PRONO DE	UNCED	MONTH DAY YE	AR 2d HOUR
NA.	MS		on D.C.	76. CITIZEN OF W	•	WIDO	RIED NEVER MARI	RIED 🔲		RCOUNTY OF DEATH	
BEE SOO	La	nham	/	8819 S	aunders	s Lane	HER INSTITUTION	12a. USUAL OCC FOR MOST OF W Housew	CUPATION (TYPE PORKING LIFE)	OF WORK 12b. KIND OF OR INDL	BUSINESS ISTRY OME
235	13a. S <b>Ma</b>	ryland	13b COUN		13c. CITY OR		13d. INSIDE CITY LIMITS? YES NO		Saunder	rs Lane	
60		Willia	m	E DODLE	Plant		Naomi	DEN NAME	WIDDLE	Wolfe	
DIVISION	16a. V	S, NO OR UNKNO		MED FORCES? WAR OR DATES)	579 0	5 3664	Louis T.	Lohmann	Same	as # 13 (Hi	usband)
NER A AL HY AOVAI		Condition	ns, if ony, which								
EXAMI IAL-TR MENT OR REA	No	lying cou	se to immediate stating the under- use last.  GNIFICANT CONDITIONS	OUE TO, OR  (c)  CONTRIBUTING TO DEATH	BUT NOT RELATED T		SE OR CONDITION GIVEN IN P	ART 1 (a).			
HEALTH AND MENT	RTIFICATION	PART 2 OTHER SI Dia 2	se to immediate stating the under- see lost.  GHIFICANT CONDITIONS  ZEPAM IN  OPERATION	CONTRIBUTING TO DEATH toxicatio	BUT NOT RELATED TO THE STATE OF	TO THE TERMINAL DISEAS	SE OR CONDITION GIVEN IN P	ART 1 (o).		20. AUTOP YES [	
SURIAL CREMATION, OR	EDICAL CERTIFICATION	couse (o) lying could be part 2 Other Sh Dia 2 190. Date Of 210. EXTERNA UNDERLYING CONTRIBUTION 216. INJURY C	See to immediate stating the under- see lost.  GHIFICANT CONDITIONS  CPPAM IN  OPERATION  ALCAUSE WAS  TO CRUSE OF	CONTRIBUTING TO DEATH  TOXICATI  196. CONDI  216. TIME OF HOUR A.N  DEATH  HE PLACE	BUT NOT RELATED TO THE TON FOR WHILE TO THE TON FOR WHILE TO THE TON	TO THE TERMINAL DISEAS TO THE TERMINAL DISEAS TO THE TERMINAL DISEAS TO THE TERMINAL DISEAS	VAS PERFORMED?		MJURY IN ITEM 18 PA	YES [	
PAGE 3 SHOULD BE USED AS A BUKRALIK STATE DEPARTMENT OF HEALTH AND MENT 21201 PRIOR TO BURIAL, CREMATION, OR REA	MEDICAL CERTIFICATION	PART 2 OTHER SI Dia 2 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTIN 21d. INJURY C WHILE AT WORK	GNIFICANT CONDITIONS COPERATION  CAUSE WAS COUNTY  COPERATION  COPERATION  COPERATION  COPERATION  COPERATION  COPERATION  COUNTY  COPERATION  COPERAT	CONTRIBUTING TO DEATH  CONTRIBUTING TO DEATH  CONDI  19b. CONDI  21b. TIME OI  HOUR A.N  DEATH  P.N  STREEL, FAC	BUT NOT RELATED TO DID TION FOR WHILE FINJURY A. MONTH DA A. 10° 2 DF INJURY TORY, FARM, ETC.)	TO THE TERMINAL DISEASE  ICH OPERATION VI  YEAR  19  216. EC.  XT HOME.  216. EC.	VAS PERFORMED?  WINJURY OCCURR  A - 1 M  DOCATION  STREET 9 Saind	EDIENTER NATURE OF Flicted	anham,	Proenge	NO <b>X</b>
IRECTOR: PAGE 3 SHOULD BE USED AS A BURIALRING WITH THE STATE DEPARTMENT OF HEALTH AND MENT RYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REA		PART 2 OTHER SI Dia 2 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTIN 21d. INJURY C WHILE AT WORK	GNIFICANT CONDITIONS COPAM IN OPERATION  ALCAUSE WAS OF OCCURRED NOTWHILE AT WORK  by that I took chore	CONTRIBUTING TO DEATH  CONTRIBUTING TO DEATH  TOXICATI  196. CONDI  216. TIME OF HOUR A.M  DEATH P.M  STREEL FACE  STREEL FACE	BUT NOT RELATED TO DID TION FOR WHILE FINJURY A. MONTH DA A. 10° 2 DF INJURY TORY, FARM, ETC.)	TO THE TERMINAL DISEASE  ICH OPERATION VI  YEAR  19  216. EC.  17 HOME.  216. EC.	VAS PERFORMED?  WINJURY OCCURR  DO ATRON  STREET  G Saina  OSAY  Inspection	EDIENTER NATURE OF Flicted	anham)	YES C	NO <b>X</b>
ERFICATE, WRITING THE WORD "PENDING" IN PENJ D. BE FORWARDED TO THE CHIEF MEDICAL EXAMI IRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TR WITH THE STATE DEPARTMENT OF HEALTH AND MENT RYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REA	MEDICAL	PART 2 OTHER SIND 12 2 2 190. DATE OF 210. EXTERNA UNDERLYING CONTRIBUTION 210. INJURY C WHILE AT WORK 220. I certific deoth resulted actual SIGNATURE.	GNIFICANT CONDITIONS COPERATION  ALCAUSE WAS COCURRED COCURRED COCURRED AT WORK  By that I took charged from: Notu	CONTRIBUTING TO DEATH  TOXICATI  196. CONDI  216. TIME OF HOUR A.M  DEATH  P.M  STREET, FACT  ge of the remoins desiral couses	BUT NOT RELATED TO TO TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTA	TO THE TERMINAL DISEAS  ICH OPERATION W  Y YEAR  19  216. EC  Autop  Autop  Autop  Autop  Autop  Autop  Autop  Autop	VAS PERFORMED?  WINJURY OCCURR  SARET  SALET  OSY  Homicide  TILE (SPECIFY)  A.D. P. J.	ED LENTER NATURE OF FILE FE OF Inquir Undetermined of MEDICAL EXA	y , ond monner ,	Property of the Mart 1 OR PART 2)  ART 1 OR PART 2)  In my opinion  DATE SIGNED Oct. 23	NO \$ 1981
PENNERAL DIRECTOR: PAGE 3 SHOUID BE USED AS A BURIAL-TR. TER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENT ALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REA	MEDICAL MEDICAL	PART 2 OTHER SI Dia 2 190. DATE OF 210. EXTERNA UNDERLYING CONTRIBUTIR 21d. INJURY C WHILE AT WORK  220. I certif death results CONTRIBUTIR EXAMINER'S (TYPE OR PRIN	SE to immediate stating the under- sse lost.  GNIFICANT CONDITIONS  COPERATION  OPERATION  AL CAUSE WAS  NO CAUSE OF  OCCURRED  NOT WHILE  AT WORK  Ty that I took charged from: Notu	CONTRIBUTING TO DEATH  TOXICATI  196. CONDI  216. TIME OF HOUR A.M  DEATH P.M  STREET FACE  ge of the remains designed to the control of the	BUT NOT RELATED TO DID TION FOR WHILE FINJURY L. MONTH DA A. OF INJURY (A TORY, FARM, ETC.) THE Accident  Accident  4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	TO THE TERMINAL DISEAS  ICH OPERATION V  YEAR  199  216. EC  Wheld on Autor  Suicide  M. D.	VAS PERFORMED?  DW INJURY OCCURR  STREET 9 2011 10  DOING INSPECTIVE  ADDRESS 5009	ED LENTER NATURE OF FILE FE OF Inquir Undetermined of MEDICAL EXA	y . ond monner	YES CART 1 OR PART 2)  Processory  I in my opinion	NO \$ 1981

THE STATE OF STATE OF

	person	and out	Ar, eg	
		11, 1918 62 T	.vor which	ormon
mines Monrots County			1 (11.3.0	to maistiche
Homsowifes		ensi errimuni ei		energy of
ound surbinue Give		emical		hanfyant
arto de la contra	teams:	PORMIN		
Lobertonn come av 2 12 ( lushed	Talio.	1979 OT 1989		0.7
Suche of the factories of the		18 44 91 T		
ref.27,198 Prayburn Ot. Cour Serious, Pd.	1	Zacaste	1	
bustered D.C Boochesti	YOU THOU	/81 Ft. Lincoln	10/01	no friein
		- ,0 T (4V2)		

Lillian invers Truscort L'OCTUENTO. 27 MIN THE Hollis .czuk 2011 woday ku struct of the state of th

X	1.	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 2 7 3 3 5
	1'	- STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
		CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
y be		Delphine P. Maccarone October 20,1981 1150 M
yom b	3. SE	4. RACE 5. DATE OF BIRTH 6. AGE (INYEARS LAST BIRTMDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
8 11		Temale White 9/30/28 52 YRS.
# A B E	7a B	IRTHPLACE (STATE OR FOREIGN   76. CITIZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED   PRINCE GEORGES CO. MD
٥٠٠ تي و	10. C	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  12b. WIND OF BUSINESS OR  (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
by # filled		Porestville Regency Nursing Home Housewife AT HOME
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours or systetion and completely filled in by opers. Pages 1 and 2 should be filled val. tt, the medical examiner must be no	13a.	AL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  STATE  136. CITY OR TOWN  136. INSIDE CITY LIMITS?  136. STREET ADDRESS  2406  57. CLAIR DR  107. PROPRIED HILLS  108. PROPRIED HILLS  108. PROPRIED HILLS  108. STREET ADDRESS
within within detely f	14. F.	ATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST FIRST MIDDLE LAST
ecuted will design and some solution of so		JOSEPH D'ORAZIO LINDA ROSSI
MORE execu		WAS DECEASED EVER IN U. S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS  191-24-1834 ACHILLE MACCACOUF SAME ACTION 13
, BALTIN ficote be ficote be popers. P povol. ent, the m	-	The state of the s
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Congestive Heart Failure
101 W. PRESTON ST is that the death certicable by the ottending please remove carbon ial, cremation, or remore or or the confect froumatic events.		4280 DUE TO, OR AS A CONSEQUENCE OF
PRESTOR The death The offendi The offendi The offendi	1	Conditions, if ony, which gove rise to immediate (b)
that the day the eose remains of, cremains or other than the remains of the contract of the co		couse (o), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF
5, 201 ires th in pleo buriol, ry, or o		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
RDS, 2 equire n signi Then properto bu	NO NO	DOTAGE RELATED TO THE PERMITTALE DISEASE ON CONDITION OF THE WAT ARE THE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The low requires that the death certific rathending physicion.  Were this certificate has been signed by the ottending phas of the buriol-tronsit permit. Then please remove carbon phand Amental Hygiene prior to buriol, cremation, or removed or them 18 shows any injury, or other troumatic ever	FICAT	198. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
VITAL  VITAL  VN. The hysicion icote hysiciost pronsit proposit pr	CERT	YES NO YES NO 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
ON OF VITAL R  HYSICIAN: The liding physicion. is certificate has buriol-tronsit per Mental Hygiene  Mental Hygiene		OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19
PHYSh ending this ce the burn d Mer d or fre	MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION
DIVISION DING PH or otten or otten or otten or otten or otten or otten morked or	×	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
3 0 0 0 0		22a.1 certify that (1) (this hospital) attended the deceased from 6-17 , 1980 , to 007 20 1981, that (1) (we) ast
OR ATTEN OR ATTEN DIRECTOR: oched for us Dept. of He	1	sow the deceased alive on 19 9 . and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (www) (did) (did not) view the body after death.
L OR A the hos L DIREC foched e Dept.		276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
SPITAL 3 by th NERAL be dete 6 Stote TANT: 1	1	PHYSICIAN DIRECTOR PHYSICIAN   10/2/18/
HOSPITAL ined by th FUNERAL wild be deta th the Stote		22d. PHYSICIAN'S NAME (TYPE OR PRINT)  22e. ADDRESS  9//0/ Tagging (1/2/1/2)
TO HOSPITA retoined by TO FUNERA should be de with the Stot MRPORTANT	22-	WILCIAN KENT FURST 9401 INDIAN HEAD HIGHWAY
1801 BP		BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR COUNTY OF STATE
10-1	24.9	PEAL DIRECTOR 256. DASK REGISTRAR 256. REGISTRAR'S SIGNATURE
DHMH-16 30M 2/80 (VRA 15, 4)	13	leage 1. Thelas 6160 Oxbuties & OCT 23 198 There



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 2a. DATE KNOWN MONTH YEAR LTYPE OR PRINTI ESTI-Francis AMERAL DIRECTOR.

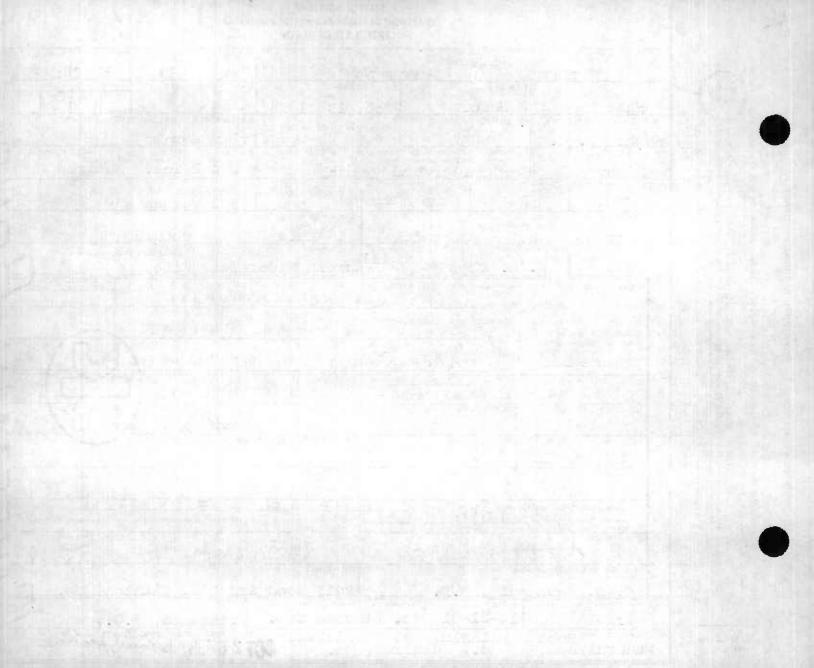
FOR YOUR FILES.
72 HOURS

MANUELL NO STREET, DEATH MATED 6. AGE (IN YEARS IF LINDER 1 YR. IF UNDER 24 HRS DATE PRONOLUNCED 2 To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALLIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY New York WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION CUPATION (TYPE OF WORK OR INDUSTRY Cheverly Prince George's General Hospital Executive Murray Steaks SHOULD BE AL RECORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13a STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 6019 Kilmer Street Maryland P.G Cheverly YES T NO [ F. PAGES 1 AND 2 SH DIVISION OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST FIRST William Farrell. Mann Gertrude In WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 16b. SOCIAL SECURITY NO ADDRESS Barbara A. Mann-Address Same as No.13e. 217-32-1267 Yes-Army Korea CAUSE OF DEATH (Enter only one cause per lige for (a), (b), and (c). A BURIAL - TRANSIT PERMIT. in seluote atribiones web disease OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE O. OR AS A CONSEQUENCE OF Conditions, it ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES [ NO 4 DEPARTMENT 8 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 FORWARDED TO THE OR: PAGE 3 SHOULD 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME. 211 LOCATION 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3! AFTER DEATH, WITH THE STATE DEI BALITMORE, MARYLAND, 21201 PI STREET, FACTORY, FARM ETC. STREET CITY OR TOWN COUNTY STATE AT WORK NOT WHILE AT WORK 22a I certify that I took charge of the remains d scribed obove, held on Autopsy and in my opinion Inspection Suicide Homicide Undetermined monner death resulted from: Natural causes TITLE (SPECIFY) 10-21-81 Deputy MEDICAL EXAMINER 5009 Rayburn Court, Temple Hills, Md. EXAMINER'S NAME Rodri ugusto (TYPE OR PRINT) 234 LOCATION 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE COUNTY 10-24-81 Burial Ft. Lincoln Cemetery Maryland Brentwood 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH-17** Gasch's Sons F.H. P.A. Hyattsville, Md. (VR A15 ME (5)) 15M 2/80

REPORT STORES PROPERTY Muse Killing 7-22-32 49 From Georges The Very State of the State of mained terminate demand formattal exception terminate theorem Joens news and a company of the state of the Farrell objection in the state of the s Mini File יים בין ליי שויים יו ליים או ליים בין 500 10 11 m 11 40 for a meller tie detraction of activities 11-1-11 Emile 18-42-51 Partie Transfer Transfer 18-42-51 Partie Transfer 18-42-51 P. Camerin Const P. C. P. J. Westiswille, Md.

Server about charge City and as a server state of the contract non. LENGT RESERVE.

I HORSE TO THE CONTROL OF THE CONTR -41. well of bear sturk source and hard and it is a sent of Starpfind comme who was THE PROPERTY OF THE PROPERTY O Coty's at the common decision of the contract The state of the s



21	-		item 1 #G560 10	/28/81 ph	STATE	OF MARYLAND		m =2 2 =2 1	(3)
1	11	1-	FOR		DEPARTMENT OF HE	ALTH AND MENTAL	HYGIENE	2 1 0 0	7
a	[ [NA] ]		REGISTRAR	ME	DICAL EXAMINE	R'S CERTIFICATE	OF DEATH REG. NO	0.	
	27.49		CEASED NAME FIRST	_	MIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 26	h. HOUR
	SARY, PLEASE ALL DIRECTOR. YOUR FILES. IN 72 HOURS STON STREET,	43	Relly	R.	Mel	rail McGil		10/11/01	м
	PLE, ECT FILE HOUR	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YR. IF UND	ER 24 HRS. 2c. DATE  MIN. PRONOUNCED	. 2	d. HOUR
	SSARY, AL DIR YOUR YOUR STON	M	ile black	8-7-	32 49 YRS.		DADRAD	10-13 1987	M
	ECESSA JNERAL FOR YOUTHIN		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY? 8.	MARRIED NEVER MAI	RRIED 9. BALTIMORE CITY C	OR COUNTY OF DEATH	1 300
	NECESSA FUNERAL S FOR YOUTHIN WERESTO	5	Ind.	USA	V		RCED D Prince 6	enges	MD.
	O.	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOS	SPITAL, NURSING HOME, C	R OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE	E OF WORK 126. KIND OF BUSIN	
	PELAY IS TO THE S. 30 THE	4		Dime G	Cility, GIVE STREET ADDRESS)	val Hobilel	Mgr. Post Of	OR INDUSTRY	
	ANY DEL AND 3 TC RETAIN HOULD BE RECORDS,		L RESIDENCE (IF IN NURSING HOME C		IVE RESIDENCE BEFORE ADMISSION			-1100	
201	N N N N N N N N N N N N N N N N N N N	13a. S	Maryland	Lanham	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS	?  13e. STREET ADDRESS □7705 Glenarde	n Dankraan	
21201	2, AND 3 TO 3. RETAIN DE SHOULD BE IL RECORDS,	14 57	THAT Y LATTY	Daimaill	170	15. MOTHER'S MA		en raikway	
MD	T NA.	14.74	FIRST	MIDDLE	LAST	FIRST	MIDDLE	tast	
m,			Unknown		Total of City of City In It is		Unknown ADDRESS		
MO	FTER DI FORM FORM ES 1 AI	16a. V	VAS DECEASED EVER IN U.S. AR/ ES, NO. OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	16b. SOCIAL SECURITY N				
BALTIMORE, MD.	URS AFTE B. GIVE P. WITH FO PAGES DIVISION		yes		308 26 05		arion McGill-7		
	~ ~ <del> </del>	400	18. CAUSE OF DEATH (Enter on			Par	rkway, Lanham,	Md . APPROXIMATE INT	IERVAL ND DEATH
A ST.,	N 24 HOL N TEM 18 ALONG P PERMIT. YGIENE, IL		PART I DEATH WAS CAUSEI	TE CAUSE (0)	Dellenouse	Carde Nose	ular desease	٠	
PRESTON			4029	DUE TO, OF	AS A CONSEQUENCE OF		in the second		
ex C	VITHIN CIL IN INER A ANSIT AOVAL	T-	Conditions, if any, which gave rise to immediate	(b)					
×.	UTED WITHIN N PENCIL IN EXAMINER A LAL-TRANSIT MENTAL HYPOR REMOVA		cause (a) stoting the <u>under</u> -		AS A CONSEQUENCE OF	things only			
301	SECUTED V	100	lying cause last.	(0)					
s, s	BUR BUR		PART OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO OFATH	BUT NOT RELATED TO THE TERMINA	DISEASE OR CONDITION GIVEN IN	PART 1 (n)		
DIVISION OF VITAL RECORDS,	ULID BE EXECUTE "PENDING" IN P. IEF MEDICAL EX. SED AS A BURIAL HEALTH AND M. CREMATION, OR	Z	that tas nu	Uletin			(		
EC	LD B	ATIO	19g. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERAT	ION WAS PERFORMED?		20. AUTOPSY?	
N.	00754 : //	CERTIFICATION							NO I
N I	PS O B C S	RT	21g. EXTERNAL CAUSE WAS	21b. TIME O	FINILIRY	21r HOW IN ILLEY OCCUP	RED LENTER NATURE OF INJURY IN ITEM 18		10 12
10	THE THE WENTE BORN		UNDERLYING OR	HOUR A.M	MONTH DAY YEAR	THE FIGURE INSURT OCCUR	ALD (CITEMINATOR OF MOON) MITTON TO	7.41 1.011 7.11 2)	
Ö	S THE S THE S THE SHOULD ART TO SHOULD BE TO	S	CONTRIBUTING CAUSE OF I			21f. LOCATION			
N N	CER 3 S S S S S S S S S S S S S S S S S S S	MEDICAL	WHILE IN NOT WHILE IT		TORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
٥	R: THIS CER TE, WRITING DRWARDED D: PAGE 3 S E: STATE DEP		WHILE NOT WHILE AT WORK	_					
	S S S S S S S S S S S S S S S S S S S		22a. I certify that I taak charg	e of the remains de	seribed obave, held an	Autapsy , Inspec	tian , Inquiry , ar	nd in my opinion	
	70 000	500	death resulted from: Notus	ral couses	Accident Suicid	le Homicide	Undetermined manner		
	EXAMIN CERTIFING ULD BE DIRECT WITH 1		1	ain		TATLE (SPECIFY)			
	MAI V	1.1	ACTUAL SIGNATURE OFLIGHT	SX X	ugus M	M Assety	MEDICAL EXAMINER	DATE SIGNED 10-13-	-8/
	ICA SHI SHI SHI SHI SHI		SIGINATURE	, ,	11	1	MEDICAL CAAMINER	SIGNED	4
	WAC WAC	1000	(TYPE OR PRINT)	A P.Re	2115402	ADDREST DG	Roy Durn Ct, Car	of Hurys Pro	10190,
	TO MEDICAL E EXECUTE THE EXECUTE THE PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA	23a B	URIAL CREMATIO	DATE	AME OF CEME	TERY OR CREMATORY	23d. LOCATION	1 1 1 112/ 20	031
360	1 Charles	- (5	PECIFY)	hate 17	- BB1-Harme		Landover,	, Maryland STATE	-
	BP		urial UNERAL DIRECTO		10011	/ KISPAA		STRAR'S SIGNATURE	pripary.
	DHMH - 17 (VR A15 ME (5))		NAME TOWART Funera	V / 4009	4001 Benni	og Ro. N.E	UGI & 0 1981 M		18m
	1 5 4 4 70 / 70 70		COMPART // IIII Ar 2	HOIDS-	4000 Benni	THE PARTY IN A LABOR.			

THE PERSON NAMED IN THE PARTY OF THE PARTY O The state of the s

1. 0	FOR STATE REGISTRAR PECEASED NAM YPE OR PRINT)				AMINER'S	LAST	TE OF DEATH	DATE KNOWN OF ESTI-	X MONTH	DAY YEAR	26. HOUR
	EMALE	DORIS 4. RACE WHITE	5. DATE OF BIRTH DAY 3-25-1	6 YEAR 6	ST BIRTHDAY) MON	INDER 1 YR. IF U	UNDER 24 HRS. 2c. URS MIN: PRO	DATE DNOUNCED DEAD	MONTH 10-2		2d HOUR 615 M
10	BIRTHPLACE (S FOREIGN COUNTRY) Ohio		76. CITIZEN OF WI	A	WIDO	WED D	MARRIED	PR INCE	GEORGE	ES	MD.
-	COLLEGE	E PARK	7517 Ci	tadel	Drive	THER INSTITUTION	POR MOST Hou	OCCUPATION ( OF WORKING LIFE)  ISEWIFE	TYPE OF WORK	OR INDUS OWN H	USINESS TRY OME
35 130.	Md Md	Pro	rother institution, Gray Ty Georges		own ge Park			ADDRESS tad	el Driv	ve	
14.	FATHER'S NAM FIRST	Robert	Litzinge				MAIDEN NAME Lola	MIDDLE Wes		LAST	
160.	(YES, NO, OR UNKNO	Vo	MED FORCES? WAR OR DATES)	279 0	1 9067A	Joseph	F McGuir	e Col	lege P		TE INTERVAL ET AND DEATH
AL, CREMATION, OR REMOVAL.	PART 2 OTHER S	IGNIFICANT CONDITIONS	(c)CONTRIBUTING TO OFATH		THE TERMINAL DISE						
MEDICAL CERTIFICATION	190. DATE OF	F OPERATION  AL CAUSE WAS	196. CONDI			WAS PERFORMED	CURRED LENTER NATU	DE OF MUNICIPALITY	10 D. 07 1 OR D. 07	20 AUTOPS	но [ <del>X</del> 1.5
MEDICALC	CONTRIBUTI	G OR ING CAUSE OF I	HOUR A.M DEATH P.M 21e PLACE (	MONTH DAY	YEAR	OCATION STREET		Y OR TOWN	COU		STATE
2		ify that I taok chorg ted fram: Notu	re af the remoins des rol couses	Accident DRIGUEZ	Suicide	Homicide THEPUT	Undetermi	ned monner	SIGNEL	10-27-	
	Bur	CTOR	Oct 30, 1					Springs		omery Gnalure	Md
5))	F. Gase	ch's Sons	P A HY	attsvil	le. Md.	1/4	1000 S. 12	181 ann	us Va	Mith	-

19-27 - 81 31-27 29 615 WHITE 3-25-18 65 PRINCE FARCES COLLEGE PARK 7517 THE BELL LEVEL PANCENTIC CALCER

LEUSTO P. PODRIGUEZ

5009 RAYBURN CT., CAMP SPRINGS MD.

10-27-81

(O marked to say a divitor of the local

and the second s

STATE OF MARYLAND

Film WE C. W. This is Female UN CAUC. - CAUC. Algeria U.S.A. CENTRON 175 Market Senies - 175 Market Market V. 1. Harvione P.C. eltenellyille x louis Cleary Lone Francesco Guaraga Masunca ajo om. artenelly lle. --- 268-76-5651Frank Guarton, 10616 Clears 1... Empire Property of the Colone the chart of the state of the state of Case of Manufacture and I was supported to use I Burial 10/20/81 St. Hurry's Cem. Washington, 1.C. anoli [allera] Funeral Home 160000 Ann nolis R., Bruit, Mr.

Oxon Hill. Md.

(VRA 15, 4)

George P. Kalas Funeral Home

CANCES

STATE OF MARYLAND

nildamine . H diedesile

ecrale | Cuc ein | Cen. 11, 1919 62

n'esproe (eorge n Wessington, L.C. U.S.A.

A wer was

Andrews its Force Pass Malgolm Grow Toint Fluenter Hogaewife et une

inspland r. George loner ariboro v 11107 Ula Mari oro rike

R. Phomas Ruth ram Tay Jay

579-0---- Retty Morfolk 11107 Cld Marloons Pike

beer larlboro, Mar Lard

725521 - AGSRU 行政法则进行运输

Less of the state A. Colonia

Processing Burning Committee Control

12 12 181

EN WETEN TO THE HOLL OF THE SECOND SE

10/-6 5/19 50 10/15 8/15

1. 1. 44. 7

Moras P. Callen, M.D.

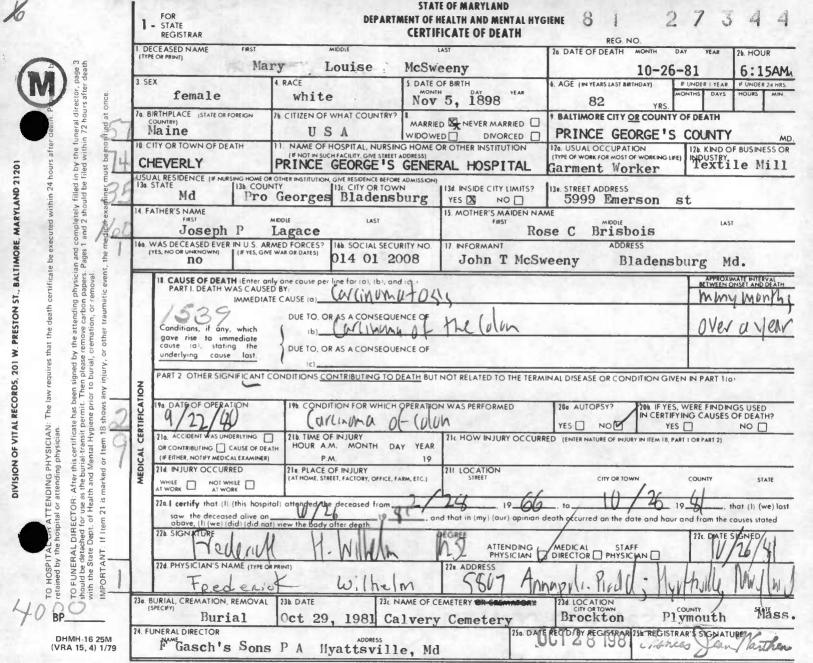
Purish 16/29/81 Mannington Mattl. Cer. . uitland Pr. sec. Perpland

.b. ffil mozo oafe Second F. Falas Puneral Hose (son Hill, Md.

	1.	FOR STATE REGISTRAR	DEF	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 1 2	7 3 4 3
y be oge 3 death	(TYPE	CEASED NAME FIRST MARY	Middle L.	McQUI		20. DATE OF DEATH MONTH	7 198 25 M
of fee		FEMALE	WHITE	S. DATE C	3, 1888 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) *  93  YR	
		Shington D.C.	U.S.A.	MARRIE	DINEVER MARRIED	9 BALTIMORE CITY OR COUL	
offer of wiffied	C	ollege Park		hester P	ark Drive	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY OWN Home
Ca offile 24				e BEFORE ADMISSION) TOWN TOWN	13d. INSIDE CITY LIMITS? YES 😿 NO 🗌		ester Park Drive
completely in a long 2 sh	a		E. Collifi		15. MOTHER'S MAIDEN NA/ Anne	T. Ca	astell LAST
be execution on ond cons. Pages 1	16a V	(IF YES, GIVE	WAR OR CATEST	SECURITY NO. 8 4674	Mary T. O'Ha	re College I	Park, Md. (Daughte
equires that the death certifications is signed by the attending phone or carbang to burrol, cremation, or remainty, or afher traumotic even	NO	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR ASTA CON  DUE TO OR ASTA CON	SEOUENCE OF	Congesting  NOT RELATED TO THE TERM	Depte Solo	ulie yrs  GIVEN IN PART 1101
he low re on. has beer t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
G PHYSICIAN: Totalending physicial physicial er this certificate if the buriol-transi and Mental Hygin ked or Item 18 sh	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTI P.M. 21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	19	21c. HOW INJURY OCCURE 211. LOCATION STREET	CITY OR TOWN	18, PART 1 OR PART 2)  COUNTY STATE
O HOSPITAL OR ATTENDINA electronical by the hospitol or or TO FUNERAL DIRECTOR. Afti should be detached for use or with the Stote Dept. of Health MADRIANT: If Item 21 is mor		220. I certify that (i) (this haspith sow the deceased alive an abave, (i) (ye) (did) (did) (22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR	I view the body ofter deoth.	19 21 . or	ATTENDING PHYSICIAN F	MEDICAL STAFF DIRECTOR   PHYSICIAN	hour and from the causes stated  22c DATE SIGNED  21lege Park, Md.
708 P. S. S. S.		SURIAL, CREMATION, REMOVAL BURIAL	23b. DATE 10/20/81		EMETERY OR CREMATORY  ivet Cemetery	23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	24F	Wattsville, Mary	Sons Funeralor yland	Home, P.	A. 25a. DAT	E REC'D. BY REGISTRAR 256 REC	

roll of a market of the serve transproper Control

	TO SERVICE AND ADDRESS OF		
	Marin et		TEAN
Exp.	ABS. 3, 1888	Prtilin	Street
Enghand conist	X Police	.7.8.0	imministration
some red	nvin Jak na		atrik ognije?
wild Jans established that as the	X Zait	e flat. Cellege	onfer!   bankwent
Liebach	ent.	mpf iffo	no Land O
Mare College Park, El. Caugh	dire hery T. o	21.718	0.7
M. Fiff mollo cimer. modiff	NG 0047	.V.It , nodforf	Signature to the terminal transfer to the
maraniman yan			
		hani	while the distance when s



10-26-81 6:15AM	MARY MEL.	SWEENEY,	MC
	TOTAL TONY		n Franci
NINCE GEORGE'S COUNTY	99		
tills / till / redso / 2 or	GEORGE'S GENERAL HOSPITAL	PRINCE	CHEVERLY
		-907 =1	diffic
to abordenship and	meonischi in delte in der den 100		
and the state of t			
\$1.50 JANG			
			4/2/6
	8/ *** \-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\		
PAUL	The sales	M. Ho	
	A CARL THE REAL PROPERTY AND ADDRESS.		
The secretary of the secretary	the Stagistages and a mag.		
	AND AND ADDRESS OF THE PERSON NAMED IN COLUMN 1 AND ADDRESS OF THE		Fellow To

11		-						MARYLAND	000	44	well to the	4
7	D		FOR STATE					H AND MENTA	40	· den	1 3	9 3
7			REGISTRAR		M	EDICALI	EXAMINER'S	CERTIFICATE	OF DEATH	REG. NO.		
			CEASED NAME E OR PRINT)	FIRST	-	MIDDLE	1111	LAST	2a. DATE	KNOWN	MONTH DAY	YEAR 26. HOUR
	28.25.25. E. S.	,,,,	L OKT KING	Dora.	Thy 1	rae	14.0/10	T. O'	OF DEAT	H MATED	10-16	108/5PM
-	Species	3. SE)	1 RA	CE IN TO	5. DATE OF BIRTI	YEAR		UNDER 1 YR. IF UND	DER 24 HRS. 2c. DA	JNCED .	MONTH DAY	YEAR 24 HOUR
(	F S	11	imac u	MLE	8-71	-11	70 YRS.		DE	10 10	-10	198/1/1/M
	CASE ST.	70. BI	RTHPLACE (STATE OR REIGN COUNTRY)		76. CITIZEN OF V	VHAT COUN	TRY?	RRIED NEVER MA	RRIED . 9. BALT	MORE CITY OR	COUNTY OF D	DEATH
	N N N N N N N N N N N N N N N N N N N	Wa	shington	D.C.	1	JSA	WIDC		DRCED [	mee	bearg	AD.
	ZESES	1	JY OR TOWN OF DE	AIH	(IF NOT IN SUCH	FACILITY DUPS	REET ADDRESS) &	HER INSTITUTION	120. USUAL OCC	UPATION (TYPE O	OF WORK 178. KIT	ND OF BUSINESS R INDUSTRY
	N S S S S S S S S S S S S S S S S S S S	ITISTIA	LERES DENCE IF IN N	HUBS IN COME OR	3419	P / PL	EVVIS A	uenen	Gen Of	fice Wo	ork N	AHB
21201	AND SECONT	13a. S	TATE _	136 COUNT	OTHER INSTITUTION,	13c. CITY	or town p Spring	134. INSIDE CITY LIMITS	13e. STREET ADD	RESS		
0.21	A A S S S S S S S S S S S S S S S S S S	-	aryland	PI	George	e [Calli]	p spring			Morris	Avenu	e
. WD.	H LADA	14. FA	THER'S NAME		MIDDLE		LAST	15. MOTHER'S MA		MIDDLE		LAST
ORE	A A A B E S A A B E S		John	R		ough			ttie	М.	Sh	eaffer
TIMO	ON SERVICE PARTIES	{Y	VAS DECEASED EVE	R IN U.S. ARM	AED FORCES?		IAL SECURITY NO.	17. INFORMANT	Husband	ADDRESS		
BALTIMORE,	S AF GIVI PAG VISI	-	No.			578	36 1367	Everet	t A. Meh	ler	Same	
ST., I	18. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		18 CAUSE OF DEA PART I DEATH V	TH (Enter only	one cause per la	for (a), (b)	, and (c).)	* 0.	1-117.000	1011	BETY	PPROXIMATE INTERVAL VEEN ONSET AND DEATH
	AL AL		11 000	IMMEDIATE	CAUSE	rper	refruis	uc vens	arman	-u-a	LECOTE	
PRESTON	ANGLAND		4270		DUE TO, C	R AS A CON	SEQUENCE OF					
	WITHIN NCIL IN NINER A IRANSII VITAL HY	-	Conditions, if gave rise to		(b)							
3	ON THE PER		couse (a) statin		DUE TO, O	R AS A CON	SEOUENCE OF					
201	S S S S S S S S S S S S S S S S S S S				(c)							
RECORDS,	ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELA "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO SET MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BET REATH AND MENTAL HYGIENE, DIVISION OF MENTAL RECORDS.  AL, CREMATION, OR REMOVAL.	_	PART 2 OMER MENTICA	MT COMDITIONS CO		N BUT NOT RELA	TED TO THE TERMINAL DISE	ASE DR CONDITION GIVEN II	PART 1 (a)			
50	A AS A A S A C C C C C C C C C C C C C C	CERTIFICATION	any	my x	ne				2 - 1			
	SHOULD ORD "PE CHIEF A CHIEF A CHIEF A CHIEF A TOF HE	CA	19s. DATE OF SER	ATION	19b. COND	ITION FOR V	WHICH OPERATION	WAS PERFORMED?			20 A	UTOPSY?
VIT	WORD WORD WORD WORD WINT OF	E		OF CHANGE								YES NO P
DIVISION OF VITAL	R: THIS GERTIFICATE SHOULD VIE, WRITING THE WORD "PEI SRWARDED TO THE CHIEF M R: PAGE 3 SHOULD BE USED A ESTATE DEPARTMENT OF HEA D, 21201 PRIOR TO BURIAL, C		UNDERLYING	2	21b. TIME ( HOUR A.	M. MONTH	DAY YEAR	HOW INJURY OCCU	RRED LENTER NATURE OF	INJURY IN ITEM 18 PAI	RT 1 OR PART 2)	
O N	ARTON ARTON	CA	CONTRIBUTING	CAUSE OF DE		М.	19					
IVIS	S CERTIING RDED T SE 3 SH TE DEPA 201 PRIC	MEDICAL	WHILE NO	T WHILE		OF INJURY		OCATION STREET	CITY OR	OWN	COUNTY	STATE
٥	WRI WARI VAGE 120		AT WORK AT	WORK								
	CATE, T FORM OR: P THE ST NND, 2		220 I certify that	t I took charge	of the remains	escribed aba	ve, held an Auto	opsy , Inspec	ction Inquir	y and	in my opinion	
			deoth resulted fro	Noture	ol couses ,	Accident	, Suicide	, Homicide	Undetermined	monner .		
	EXAMI CERTIFI ULD BE DIRECT , WITH WARYLA	1	1	4	COC	an	,	/ TITA ISPECIFY				1 160
	A SECTION AND A		SIGNATUE A	agun	Y Lot	100	enjung	MD Depul	MEDICAL EX	MINER	DATE SIGNED	0-17-81
	SEA SEA			(1	4 0	in ,	10	10-1	-01	MI	1 1	
	TO MEDICAL ED EXECUTE THE CIPAGE 4 SHOUL TO FUNERAL DATER DEATH, V BALTIMORE, M	-	(TYPE OR PRINT)	HIGH	500 1.1	Codr.	BULL	ADDRESS CO	Tray pu	neg	Cloup Sp	MILLS.
.19.	544544	73a B	URIAL CREMATION,	REMOVAL 73	b. DATE	23c N	AME OF CEMETERY	OR CREMATORY	TIR LOCATION	1	ally	1/Har
170	BP.		Burial	2	200ct19	81 Ce	dar Hil	Cemeter	cy Suit	and	P.C	o. Md
	DHMH- 17	24 FI	NERAL DIRECTOR	Robert			n Funera		CTC 2 WESTER	R BOAGG	PAS ESNA	Missin
	(VR A15 ME (5))				ADDRE		cland, Me		D 100	1 50000	U	
	15M 2/80					-						

Literally from Propose 15-16 31 3 10-16 511 Trumb Winte 8-2-1-11 70. Comp Hands 5474 Mir 1173 Am in in in . Obtaine Miller to as Lower La duine There is the forest first from the first first from the first first from the first f

2/				STATE OF MARYLAND	9 1 2
7	3	1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 40
	-		REGISTRAR FIRST	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
(		(TYP	EASED NAME FIRST LOTEN.	OF FOTI	23198/
	STREET	3. SEX	A A RACE	IS DATE OF BIRTH 6. AGE (IN YEARS I IF UNDER 1 YR. IF UNDER 24 HRS 21 DATE MONTH	DAY YEAR 24 HOUR
	ARY NOUS TON	/"	face Black	9-16-16 65 YRS. 10-2	2 1981 AMM
	HEREN DIEGO JARRA DIEGO HOR YOUR TH WITHIN 72 HOU PRESTON STREE	70. BI FO	RTHPLACE (STATE OR REIGH)	78 CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED   9. BALTHMORE CITY OR COUNTY  WIDOWED   DIVORCED   FINE GROVE	OF DEATH  AD.
	A SPECIAL IS N	10. CI	NEVERLY	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12 FORMOST OF WORKING LIFE)  RINCE FLORISE HOSPITAL DULLE REPORTS	26. KIND OF BUSINESS OPINDUSTRY
	IF ANY DEL	USUA 13a S	L RESIDENCE (IF IN JURSING HOME O ATE PRINCE 13h COUNT	TO THE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  TY ATTEMPT OF TOWN 1/4/15 YES 18 NO 1 130. STREET ADDRESS 39 147	Avenue
	DEATH. IF GES 1, 2, M PM 2 SI AND 2 SI OEVITAL	14. FA	THER'S NAME 130 V. d. L.	3. Middleton 15. MOTHER'S MAIDEN NAME MIDDLE AL	RAMS
	FOR FOR	16a V	VAS DECEASED EVER IN U.S. ARA (IF YES, GIVE V	MED FORCES? WAR OR DATES)  166 SOCIAL SECURITY NO.  579-056821 PAPRICIA MIDDLETON SAME	Thent 13
	I HOURS A EM 18. GIN SNG WITH ERMIT. PA ENE, DIVIS AL.		IB. CAUSE OF DEATH (Enter and PART I DEATH WAS CAUSED	ly one cause per limit for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ON STERN STERN STERN VAL.			TE CAUSE (a) (AVAID MY OF SILLY)  ( DUE TO, OR AS A CONSEQUENCE OF	
	WITHIN 24 F NCIL IN ITEA AINER ALON IRANSIT PER VITAL HYGIEN OR REMOVAL		Conditions, if any, which		
17.4	W. W		gave rise to immediate couse (o) stoting the <u>under-</u>	DUE TO, OR AS A CONSEQUENCE OF	
	ZOIVED IN PER EXAM		lying cause last.	(c)	
	L RECORDS,  UID BE EXECU "PENDING" "PENDING" F MEDICAL HEALTH AND IL, CREMATIC	NO	PART 2 OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
	SHOULD ORD "PET ON HE USED A HE A	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
	F VITA F VITA F SHO WORD F CHIE	E	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART	YES NO
	NO THE STANDARD TH		UNDERLYING OR CONTRIBUTING CAUSE OF E	HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	2)
	DIVISION THIS CERTIFICATION THIS CERTIFICATION TO PAGE 3 SHORT STATE DEPAGE 3 SHORT STATE	MEDICAL	216. INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION COUN	TY STATE
	E, WRI EWARD PAGE STATE		AT WORK AT WORK		
	SE S		220. I certify that I toak charg	e af the remains actilibed abave, held an Autapsy 🔲, Inspection 🗐, Inquiry 🔲, and in my apin	iion
	RTIFFE RECT RYLA	-	death resulted from: Natur	ol causes Accident , Suicide , Homicide , Undetermined manner ,	
	MAN WAY		ACTUAL SIGNATURE	M.D.Deputy MEDICAL EXAMINER SIGNED	10-22-81
	NE SH NE SH NE SH NE SH NE SH NE SH	_			11277 - W.
~	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOR THE PAGE 4 SHOULD BE AFFECT AFTER DEATH, WITH THE BALTIMORE, MARYLAI	_	EXAMINER'S NAME August		Allis, Ma.
3	BP	23a.Bl	URIAL, CREMATION, REMOVAL 2.	36. DATE 10-27-80 LINCOLIN Cem. 23d. LOCATION COUNTY	MARYTAND
	DHMH - 17 (VR A15 ME (5))	24. F)	NAMED THE WILLIAMS	48004 GA AVE NW 250 DATE REC'D. BY REGISTRAN SOLO	an Parther
	15M 2/80				

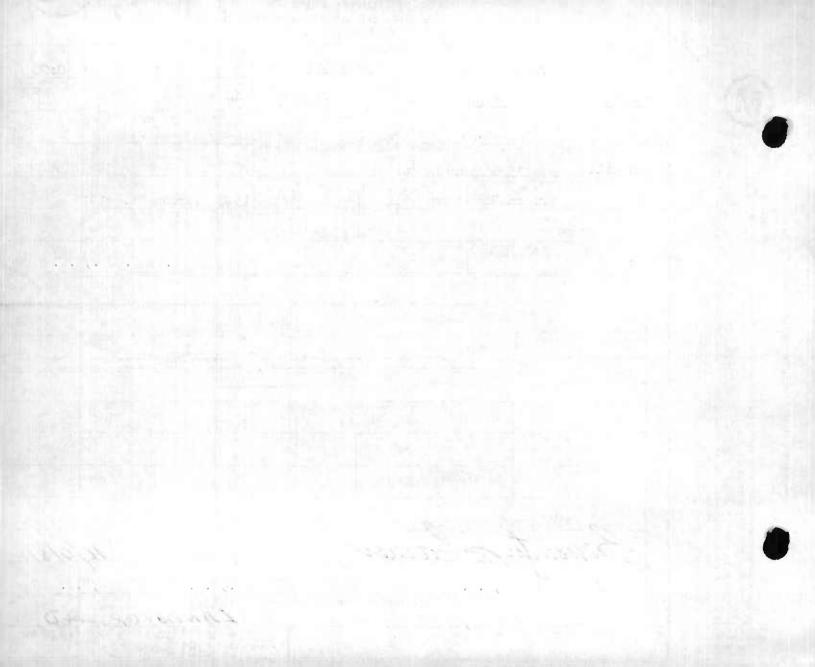
Translation Samuel. 1/2-15 3/ 89 31 - 1 - 1 State of 15 15 63 144 16 71 844 Arms Garaget ! The state of the second The contract of the state of the contract of the contract of Commence may profess and London & Spiritual the state of the contract of the state of th The second of th LAND TO THE PARTY OF THE PROPERTY OF THE PROPE

f T/T/IT i, 000.00 7 JAPTOPOH KATALITA The Property of the Asset of the Control of the Con ZITT ATTA A LEWIS CO. THE RESERVE THE PROPERTY OF THE PARTY OF THE the process of the second seco harague chaparton percenting the first over the second HELE STREET TO THE STREET OF THE STREET STREET The state of the s TATHONE PROCESS 1881, FS 400 DURING OIL ONLY TO 

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2a DATE OF DEATH YEAD 26 HOUR (TYPE OR PRINT) Corine Mitchell 81 8:20 6 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Female Black 16 04 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. TRATINIA WIDOWED DIVORCED | PRINCE GEORGE'S ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH EACHLY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Oxon Hill HOUSEKEEPER US GOVERNMENT 1508 Iverson St. USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13g. STATE 13b COUNTY 1134 INSIDE CITY LIMITS? 13e STREET ADDRESS MD Prince Geo Oxon Hill 1508 Iverson St. #101 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE JAMES WINSTON PATSY MALLORY BALTIMORE, ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 579 05 1169D MARSHALL FREEMAN 4254 E. CAP. ST. N.E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY CARDIORESPIRATORY ARREST PRESTON ST. DUE TO OR AS A CONSEQUENCE OF ARTERIOSCLEROTIC HEART DISEASE gove rise to immediate couse 10), stating the HYPOTHYROIDISM DIVISION OF VITAL RECORDS, 201 W. underlying couse lost. CONGESTIVE HEART FAILURE DIABETES MELLITUS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 5 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from\_ saw the deceased alive on \_, and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS shauld b BARRINGTON BARNES, M. D. 1805 BENNING RD., N.E. WASHINGTON, D.C. 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE RIIRT AT. 24 FUNERAL PROLITINS FUNERAL HOMPESSING. DHMH - 16 60M 1/75 (VR A 15 (4))

4339 HUNT PLACE N E

STATE OF MARYLAND



FOR - STATE

REGISTRAR

FIRST

1. DECEASED NAME

(VRA 15, 4)

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN College Park, Md. Brentwood. Prince Geo. Md. Francis Gasch's Sons Funeral Home. P.A. DHMH-16 30M 2/80 Hyattsville, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

2b. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH

NO M

STATE

Own Home

Shaw

YES [

COUNTY

22c. DATE SIGNED

10/7/81

05.1981

2a. DATE OF DEATH

P. Fortigen

wanter or a little atoy before

LIFE TILL THE STATE OF THE STAT

F Contract Contract

E 200 E

PRINCE FORESE COUNTY

note the second of the second CHIVER SECRETS OF RULHOSPITAL

BUT AFTER HALF - TERRANGERS ...

at remember with the con-

482.2 1891.38 7.89

the bear sention ban Africane isset, Md.

All took special the Parent was parent to meet it. Pauro's Sacolu cos amos Lines, 1.1.

3 thin SELF, CE MISSING 2[~ And insuce often struct perion and a single and a send a send and a send and a send and a send a event as esta nerval musical livi sa tre montion (ct. 7,104 estyles Reports are Latonsville, 4

bralden control bows, taunel, but the partition of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH 7h HOUR (TYPE OR PRINT) Marthena MOON October 25 THATTER I YEAR 5 DATE OF BIRTH IF LINDER 2 + MRS MONTH Female Caucasian May 29. 1892 Ta. BIRTHPLACE ISTATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Prince George's Washington, D. C. United States DOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR INDUSTRY Doctors' Hospital of Pr. Geo. Co. Lanham Teacher Education OUNTY Anne 134. CITY OR TOWN 13e. STREET ADDRESS Maryland Arundel Annapolis Rt. #3 Box 96 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE John Moon Caroline Ballinger 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Same as (YES, NO OR UNKNOWN) 214-46-0375 No Carolyn Y. Spalding 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11d CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK 210. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART & OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f, LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, EARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (authorition death occurred on the date and haur and from the causes stated 22b. SIGNATUR 22c. DATE SIGNED DEGREE ATTENDING 1 **AMEDICAL** 10/26/81 DIRECTOR PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Barry Rosenberg, M.D. 6501 Landover Road, Cheverly, Md. 20785 230 BURIAL, CREMATION, REMOVAL 23b. DATE Oct.

23E NAME OF CEMETERY OR CREMATORY

BURIAL 28, 1981 Ft. Lincoln Cem. Robert A. Pumphrey Funeral DHMH - 16 50M 1/81 (VRA 15. 4) Homes, P.A., Bethesda, Maryland

Brentwood

23d, LOCATION

Maryland

And the contract of the contra Legender Labourt Tentury is the second The transfer of the second sec The state of the s The state of the s

- 6	1-	FOR STATE REGISTRAR			DEPARTME	NT OF HEA	THE AND ME	NTAL HYGIE	-	REG. NO	7	3 5	3
DANE L		CEASED NAME E OR PRINT)	First Richa	ard	Howard		Moore		Or	KNOWN ESTI-		DAY YE	
DIRECTO DIRECTO OUR PL 172 HOO ON STRE		ale	4. RACE White	S. DATE OF BI	4,1948	33 yrs.		HOURS MIN	PRONOUN	NCED	MONTH	5 198	7:18 7:18
NECESSARY UNFRAL DIRE S F FOR YOUR WITHIN 72 W PRESTON S	N	RTHPLACE (51 REIGN COUNTRY) Larylar	nd	U.		WI	DOMED .	ER MARRIED   DIVORCED	Prin	orecity of	- orge!s	s Coun	ty, MD.
DELAY IS TO THE I N. PAGE DS, 201		Chever	У	Prince	HOSPITAL, NURSII CH FACILITY, GIVE STREE O George	s Gener		O FO	SUAL OCCUP R MOST OF WOR LPOPIN		ent	EXCAV	BUSINESS USTRY ating nv
F AND 3 SHOULD RECORD	Ma	ryland	Pr.	TY	N, GIVE RESIDENCE BEFF 13c CITY OF Witch	ore admission) olivil			TREET ADDRE	ss Cra		Highw	
LORE, MD. S. DEATH. IF AGES 1, 2, AGES 1, A		Thoma		bert MED EORCES?		Ore SECURITY NO	FIR	Aurelia	L	ADDRESS.		sween	ey
BALTIMORE, SS AFTER DEA GIVE PAGES VITH FORM P PAGES 1 AN	(1)	es, no, or unkno No	WN) (IF YES, GIVE	WAR OR DATES)	r line for (a), (b), ar			a B.Moo	re-Mi	tchel	d.Cra	lle,M	iway, d  MATE INTERVAL INSET AND DEATH
LI RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201  ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY." PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DISTRIBUTION. IN TEMNIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN THEATH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. (PRESTON 41, CREMATION, OR REMOVAL.	NO	780 Condition gave ris cause (o) lying cou	is, if any, which e to immediate stating the <u>under-</u> se last.	(b)	Seizure , OR AS A CONSE	QUENCE OF		GIVEN IN PART 1 (q).				SERVICENCE	,
SHOULD E SHOULD E ORD "PEN CHIEF ME E USED A' URIAL, CI	CERTIFICATION	190. DATE OF	OPERATION	19b. CO	NDITION FOR WH	ICH OPERATIO	N WAS PERFORM	AED?				20 AUTO	
DIVISION OF VITAL RECOR RE: THIS CERTIFICATE SHOULD BE ENTE, WRITING THE WORD "PENDIN SRWARDED TO THE CHIEF MEDICARE, PAGE 3 SHOULD BE USED AS A FESTATE DEPARTMENT OF HEALTH ID, 21201 PRIQR TO BURIAL, CREM	MEDICAL CERT	UNDERLYING CONTRIBUTIN	NG CAUSE OF	DEATH HOUR	É OF INJURY A.M. MONTH DA P.M.	Y YEAR	E HOW INJURY (	OCCURRED (ENTE	R NATURE OF IN.	JURY IN ITEM 18 I	PART I OR PAR		
DIVISION PRICER WARDED PAGE 3 SI TATE DEP	MED	21d. INJURY C	MOTULE		CE OF INJURY (, , FACTORY, FARM, ETC.)		STREET		CITY OR TO	WN	cou	UNTY	STATE
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STIPMORE, MARYLAND, 2		220   certif death results ACTUAL SIGNATURE		e of the remain	s described obove,	held on A	Hopsy X,  Homicia  TITLE (SP		Inquiry etermined mo	onner,	d in my ap  DATE SIGNE	10/5	/81
O MEDIC XECUTE 1 AGE 4.S O FUNEI FITER DE	-	EXAMINER'S I			. Smith,		ADDRESS	III Pen		Balto	)., MI	D.	
050 BP	(:	URIAL, CREMAT PECHY) Burial UNERAL DIREC	TOR	10/9/8	l Gle		n Cemet	Cery G		Burnie			Md.
DHMH - 17 (VR A15 ME (5)) 15M 2/80	Ri	chard neral	A. Cole	eman-W	pper Ma aryland	20878	2	OCT 1 9		Than		Mari	P

The state of the s is a line of the second of the ingial lo/ ol manayen were a respective to lot of the factor 

- STATE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME LAST

7b. CITIZEN OF WHAT COUNTRY?

UNITED STATES

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG NO

28. DATE OF DEATH MONTH 2h HOUR OCTOBER 27, 1981 2:09 6. AGE (IN YEARS LAST BIRTHDAY) FUNDER I YEAR

BELLE MOORMAN 4. RACE 5. DATE OF BIRTH CAUCASIAN

-DAY 19034F MAY 4,

15. MOTHER'S MAIDEN NAME

MARRIED NEVER MARRIED DIVORCED [

BALTIMORE CITY OR COUNTY OF DEATH PRINCE Georges COUNTY 128 USUAL OCCUPATION

78

EDUCATION

Oklahoma 10 CITY OR TOWN OF DEATH ANDREWS AFB

USUAL RESIDENCE (IF NURS NG HOME

Mack

GERTRUDE

To BIRTHPLACE (STATE OR FOREIGN

3. SEX

NO

FEMALE

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MALCOLM GROW USAF MEDICAL CENTER OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13c. CITY OR TOWN 13d INSIDE CITY LIMITS?

13e. STREET ADDRESS

6001 MELVERN DR

MARYLAND 4. FATHER'S NAME

Alfred

MONTGOMERY

SCARLETT

BETHESDA

16h SOCIAL SECURITY NO.

WIDOWED

Nettie 17 INFORMANT Daughter

TYPE OF WORK FOR MOST OF WORKING LIFE

SCHOOL TEACHER

FREEMAN

STATE

160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

ADDRUPPER MARLBORO MD 84 2338 WALDA M. SASSCER 11914 BERRYBROOK TER 20772 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED IMMEDIATE	CARDIAC ARREST		3 5 2 1
4100 Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF  ( (b) ANTEROIR LATERAL	MYOCARDIAL	INFARCTION
gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF		

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED.

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED

23a. BURIAL, CREMATION, REMOVAL

(SPECIFY) Burial

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 21e. PLACE OF INJURY

21f LOCATION

NOX

20a AUTOPSY?

NOT WHILE 27a 1 certify that (I) (this hospital) attended the deceased from OCT 27 sow the deceased alive an

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) OCT

OCI , and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated

abave, (1) (we) (did) (did not) view the body after death

22e. ADDRESS

DEGREE

22c. DATE SIGNED ATTENDING OCT 27, 1981 PHYSICIAN DIRECTOR PHYSICIAN

CITY OR TOWN

Michae SANDERS, CAPT, USAF, MC

MALCOLM GROW USAF MC, ANDREWS AFB, MD 20331 23c. NAME OF CEMETERY OR CREMATORY

Arlington National

Arlington, "Virginia"

24 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL HOMES, P.A., BETHESDA, MARYLAND

23b. DATE Oct.

30, 1981

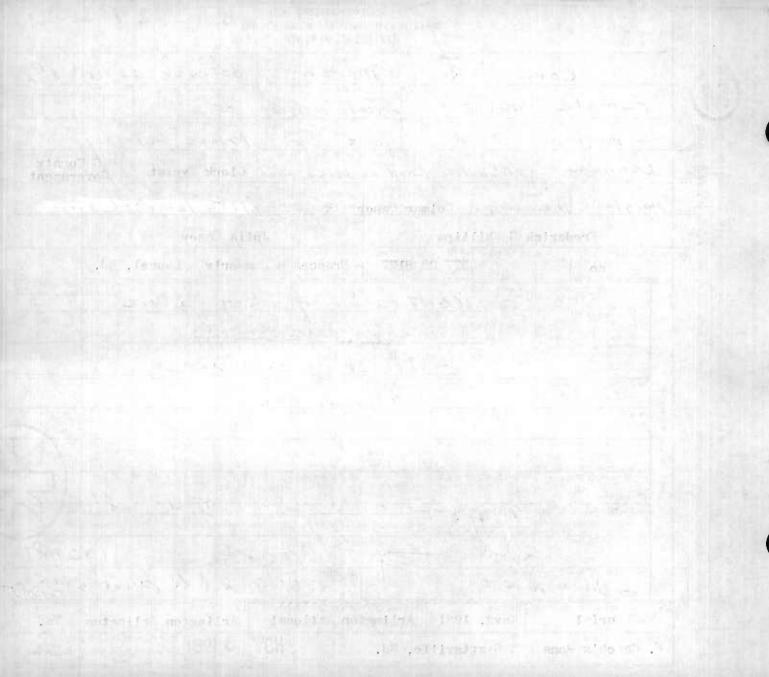
NOV 2 1021 Registraries registraries remains an lather

DHMH - 16 50M 1/81 (VRA 15, 4)

Ly water I was I'm The State of the Sygna State of the State of

		, 1/2		OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	ENE B REG. N	0.	0 0 0			
	CEASED NAME FIRST	a R	0	oran	OCTObe		YEAR 26 HOUR 981 853			
3. SEX		1. RACE WHITE	S. DATE O		6. AGE (IN YEARS LAST BIR	THDAY] IF UNDER	DAYS HOURS M			
	IRTHPLACE (STATE OR FOREIGN COUNTRY) Mary land	76 CITIZEN OF WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Prince	_				
1	Lanham		t ADDRESSI Ltdens	POTHER INSTITUTION  Wirsing Home	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C Clerk Typ		KIND OF BUSINESS GIRCounty overnment			
13a. S M.	laryland Prince		VN.	13d INSIDE CITY LIMITS? YES 🖈 NO 🗌		th Place				
14. FA	ATHER'S NAME FIRST Frederic	k G Phillips	B (5)	IS MOTHER'S MAIDEN NAM	alia Casey		LAST			
	WAS DECEASED EVER IN U.S. AR			17. INFORMANT Frances M Ha	ADDRI					
NO	gave rise to immediate couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEON	rea.		NAL DISEASE OR CON	DITION GIVEN IN P	ART Ita			
CERTIFICATION	190 DATE OF OPERATION	196 PONDITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?			
WEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINE) 21d, INJURY OCCURRED	HOUR A.M. MONTH D	19	211. LOCATION STREET	D (ENTER NATURE OF INJU					
,	220.1 certify that (1) (this haspital) oftended the despoted from saw the deceased alive on above, (1) (we) (did) (did not set the body of the death of the deceased alive on and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated of the deceased alive on and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated of the deceased alive on and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated of the deceased alive on a state of the deceased alive on and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated of the deceased alive on a state of									
			1	22e ADDRESS	DIRECTOR   PHYSIC	IAIN	1			
23a. B	22d RHYSICIAN'S NAME TYPES  DOWN JOHN BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 23c.		3308 Vege METERY OR CREMATORY ton National	Each 13	n Arlingt	on Vasiate			

DHMH - 16 50M 1/81 (VRA 15, 4)

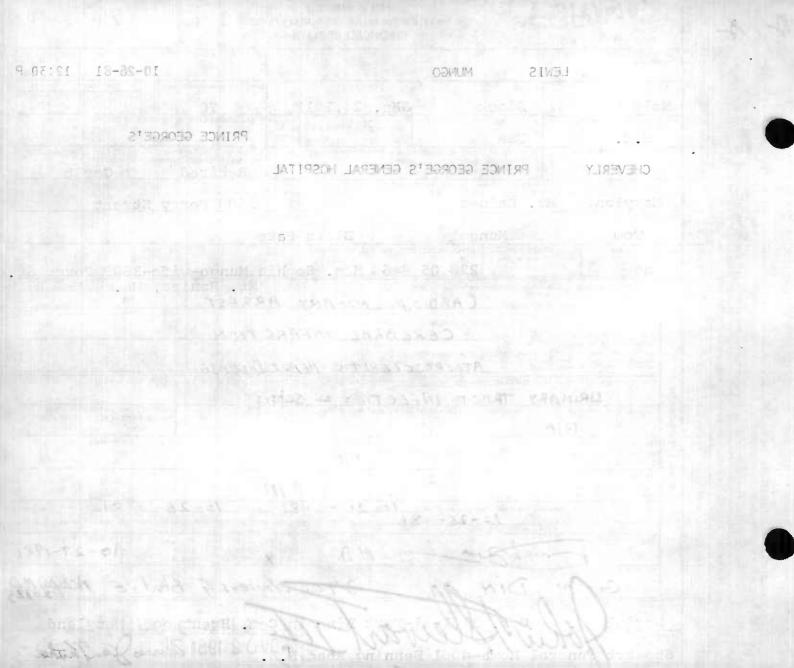


6.		FOR		STATE OF DEPARTMENT OF HEALT	MARYLAND H AND MENTAL HYO	GIENÉ	27356
<i>-</i>		STATE REGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE OF	DEATH REG. NO	0.
####E		CEASED NAME	FIRST Grace	C. Mose	R Moser	20. DATE KNOWN OF ESTI- DEATH MATED	10-10-81 M
87 FIEA Dam File 72 MOII FILE	J. SED	omale le	Photo 5. DATE OF BIRTH		INDER 1 YR. IF UNDER 24		MONTH DAY YEAR 24 HOJE
A LETTIG	7a. B	RTHPLACE STATE OR	7b. CITIZEN OF W	HAT COUNTRY? 8. MAR	RIED NEVER MARRIED	X 9 BALTIMORE CITY C	OR COUNTY OF DEATH
<b>新教</b> 77		Tennessee			WED DIVORCED	1 prince	Georges MD.
00	14	19 OR TOWN OF DE	e 722		THER INSTITUTION 12	g. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)  Retired Second	e of work 126 KIND OF BUSINESS OR INDUSTRY Cetary Clerical
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		L RESIDENCE (IF IN N	URSING HOME OF OTHER INSTITUTION, G	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? 13	e STREET ADDRESS	
21201 # AND # AND		ryland	Prince George	s Hyattsville	YES NO	722 Somerset	Place
	14. F/	ATHER'S NAME FIRST	WIDDLE	LAST	15 MOTHER'S MAIDEN I	MIDDLE	LAST
PO SESSES		J.	Herbert	Moser	Addie		Wilds
BALTIMORE, MD. SINS AFTER DEATH GIVE PAGES 1, WITH FORM PM. PAGES 1 AND 2 OVISION OVITA	16a. \	VAS DECEASED EVEI ES, NO, OR UNKNOWN)	R IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECURITY NO.		ADDRESS	
BALT URS A WITH PAGI		No	TH (Enter only one couse per limit	578-07-3208	Daisy M. Si	perder, Same a	address as #13.
DS, 301 W. PRESTON ST. XECUTED WITHIN 24 HG G". IN PENCIL IN ITEM 1 CAL EXAMINER ALONG BURIAL-TRANSIT PERMI AND MENTAL HYGIENE, ON, OR REMOVAL.		Conditions, if gove rise to couse (o) statinglying couse lost	ony, which immediate g the under-	R AS A CONSEQUENCE OF		anular dies	W2E
L RECORDS, 3  WUD BE EXEC "PENDING"  EF MEDICAL  RED AS BUI  HEATH AND  CREMATION,	TION	19g. DATE OF OPER		U STATE YEAR			
SHOULD DRD "PE CHEF ! COFF I COFF I COFF I AL, CRE	CERTIFICATION			ITION FOR WHICH OPERATION	WAS PERFORMED?		20. AUTOPSY?  YES NO Z
DIVISION OF VITAL RECORDS, 301 S CERTIFICATE SHOULD BE EXECUTE RITING THE WORD "PENDING" IN P RDED TO THE CHIEF MEDICAL EX RDED TO THE CHIEF ABURIAL E 3 SHOULD BE USED AS A BURIAL E DEPARTMENT OF HEALTH AND M PRIOR TO BURIAL, CREMATION, OR		210 EXTERNAL CAL UNDERLYING CONTRIBUTING	OR HOUR A.A	A. MONTH DAY YEAR		ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
MA VA	MEDICAL	WHILE NOT AT WORK		OF INJURY (AT HOME, 21f. Li	OCATION STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: T TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 212		death resulted from	r I took chorge of the remoins de m: Notural couses	Accident , Suicide C	Homicide TITLE (SPECIFY) Deputy	Undetermined monner,  _MEDICAL EXAMINER	DATE SIGNED 10-11-81
O MI KECL AGE PTER ALTIN	00	The second secon	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IN COLUMN	THE RESERVE OF THE PARTY OF THE			Springs Md.20031
520	{	Burial	REMOVAL 236. DATE 10/14/81	23c. NAME OF CEMETERY Glenwood Ce	emetery	Vashington,	D.C. STATE
DHMH - 17 (VR A15 ME (5)) 15M 7/76	24. F	UNERAL DIRECTOR	Joseph Gawler asin Ave., NW, Wa	s Sons, Inc. shington, D.C. 2		D. BY REGISTRAN Sb. REG	BIRAR'S STOMATURE

Constitution of the Constitution of Description of the second of t Indianal Presidented in the Commission of the Co -Eil - Indian - Indian Indian Indian Indian Indian --- I - M-W-TON | single (možak), has nekrone a - Bu. Total Constant ments at my controls and a second of the control of uro. Tolefor in tolefor and decome . D. C. CONTRACTOR VIETO NO. T. CONTR. Est Cacousta eve., N., Salentean, J. S. 2012 alle 1 2013 alles

	11-	OR TATE EGISTRAR	DEPARTMENT OF HEALT	MARYLAND H AND MENTAL HYGIE CERTIFICATE OF DE		7 3 5 7
ASE OR: URS EET,	1. DE	EASED NAME AFREST OR PRINT) AFREST	Ellen Mox	ley	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR 26 HOUR M
ARY, PLEASE DIRECTOR. DOUR FILES. DON STREET,	F	make White Just	BIRTH  6. AGE (IN YEARS IF L  AST BIRTHDAY)  75  YRS.	UNDER LYR. IF UNDER 24 HRS	PRONOUNCED PRONOUNCED	1981 PM
	FC	IRGINIA (	S.A WIDO		BINE (	COUNTY OF DEATH  AD.
307	10. C	ausel Greek	F HOSPITAL, NURSING HOME OR OT NUCLIFICATIVE GIVE STREET CORRESSORY		SULL OCCUPATION (TYPE OF RMOS) OF WORKING LIFE)	WORK 175. KIND OF BUSINESS OR INDUSTRY
F ANY D SHOULD RETAIN	130.5	RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTE  REFLECT  REFLECT  RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTE  REFLECT  RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTE  RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTE HOME OR OT	110N, GIVE RESIDENCE BEFORE ADMISSION) 13C. GITY OR TOWN PARK 168 PARK	YES NO NO	REET ADDRESS 601	Aus
ON KESTH		THER'S NAME MIDDLE	LOWE	15. MOTHER'S MAIDEN NAM  DELPHIA	E MIDDLE	600250N
BALTIMORE IRS AFTER DEA IS GIVE PAGES IN PROSES I AN DIVISION OF	16a. V (Y	AS DECEASED EVER IN U.S. ARMED FORCES: 1, NO, ORDINKNOWN) (IF YES, GIVE WAR OR DATES)	246-36-1251	MRS. CLEDDIE	L. Low 6 M	F. Airy N.C.
15T., 15T., 15T., 15T., 15T.,		18 CAUSE OF DEATH (Enter only one couse p PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Conditions, if ony, which	of the for (o), (b), and (c).)  AND MARKET THE OF	ithy		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. UTED WILLIAM EXAMINE EXAMINE CONT. OR		gave rise to immediate couse (a) stating the under-lying couse last.	O, OR AS A CONSEQUENCE OF			
RECORDI D BE EXE FENDING MEDICA ASA BI CREMA	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	OEATH BUT NOT RELATED TO THE TERMINAL DISE/	ASE OR CONDITION GIVEN IN PART 1 10		
SHOULD DRD "PEI CHIEF ME USED A URIAL, C	CERTIFICATION	190. DATE OF OPERATION 190. C	ondition for which operation '	WAS PERFORMED?		20 AUTOPSY?  YES \( \square\) NO \( \begin{array}{cccccccccccccccccccccccccccccccccccc
NOF	MEDICAL CER	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	R A.M. MONTH DAY YEAR P.M. 19	HOW INJURY OCCURRED (ENTE	R NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)
DIVISIC  BIVISIC  ATE, WRITING ORWARDED TO ORWARD OR 3 SHOWARD	MED	216 INJURY OCCURRED  WHILE NOT WHILE STRE  AT WORK AT WORK	LACE OF INJURY (AT HOME, 21f, L.	OCATION STREET	CITY OR TOWN	COUNTY STATE
LECETIFICOULD BE FOUND BE FOUN		220. I certify that I took charge of the remoindenth resulted from: Natural causes	ins described above, held an. Auto Accident , Suicide	, Homicide Unde	Inquiry . ond in etermined manner	DATE SIGNED 10 -26-8/
O MEDIC (ECUTE THE AGE 4 SH FITER DEA	1000	EXAMINER'S NAMPHILL US TO /	Rodriguaza	14DRESS 500 9 Fa	yburn Ct, C	any Juys, Mes
00 BP	(	RIAL, CREMATION, REMOVAL 235. DATE 10/2	8/81 Fishers Ga	ap Cemetery	OCATION YORTOWN Surr	COUNT
DHMH-17 (VR A15 ME (5))	FI	NERAL DIRECTOR BCK LAUREL FUNERA 01 Sandy Spring R	TORESHOME, INC.	20707	1981 6	A VIOLET

Alisa Ellin Moxley Finch Line Feels 36 55 - Herry Collect Lower set Bourbe downed - The While Hosp I The Comment the State of the Contract of the State of Consonal Lead hard Cherry & General July 1 William to Prostolica and see 3 for found of facility



	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 1	2	7	3	5	9
		CEASED NAME	FIRST	N	MDDLE		AST	2a. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOU	R
			XANNE	ARLE	NE	MUR	DOCH		OCT :	23 19	981	4;1	5а м
	3 SEX	X	4	I. RACE		5. DATE C		6 AGE (IN YEARS LAST BI	THDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
		EMALE		CAUCAS1	AN	JUN	E. 2 1955	26	YRS.	I I I I I I I I I I I I I I I I I I I	DAIS	HOURS	MIN.
1		RTHPLACE (STATE OR FI	OREIGN 7	b CITIZEN OF V	VHAT COUNTRY?	8 MARRIE	D NEVER MARRIED X	9. BALTIMORE CITY C	R COUNT	Y OF DE	ATH	20	
$\geq$	_	NNSYLVANIA		USA		WIDOWE	D DIVORCED	PRINCE GEO	RGE '	S COT	JNTY		MD.
8	ANI	DREWS AFB,	MD	ALCOLM	GROW USA	F MED	ICAL CENTER	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST ON NONE		LIFE) IND	KIND OF USTRY ONE	BUSINE	SSOR
5	MAI	AL RESIDENCE (IF NURSI STATE RYLAND	NI COUNT		SIVE RESIDENCE BEFORE 13c, CITY OR TOWN LEXINGTO	N	13d INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRESS CHANCELLOR	RUN	RD ,	Box	28.	2
	14. FA	THER'S NAME	M	IDDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE			LAST		
C	JOSEPH RUSSELL MURDOCH MARGARET DORIS STORTENBECKER								LASI				
2		VAS DECEASED EVER I		WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	CHANCELL	OR RI	JN RI	)		-19
NO 214-68-7958 MARGARET DYSON LEXINGTO								N PAF	RK MI	)			
		18 CAUSE OF DEATH	Enter only	ane cause per l	ine far (a), (b), and	I retail C	ONGESTIVE HEAD	RT FAILURE		8	APPROXIMETWEEN OF	NATE INTER	VAL
				CAUSE (a)	Congest	ive	heart failur	e			6	18-	wurs
		SEPTICEMIA PROBABLE SECONDARY TO URINARY TRACT INF								NFEC	OITS	VS.	
		Conditions, if ony,		(d)	Septice	mia -	0	ic conclary to	urtn	ive	8	-12 h	wurs.
	-	gave rise to imm cause (a), stating	g the	DUE TO, OR	RONICSEBE			that infection			sis.		
		underlying cause	last	(c)	Chroni		enal failure				15	yen	irs
1	7	PART 2. CMENTING	COMYEL	MOETE CH	ADBOGEBH	ALHS	PARAPLECIA: TERMI	NAL DISEASE OR CON	DITION GI	VEN IN P	ART 110		FUE
	10		150 m	1	le, hyo		halus, para	plegra					
196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. WUTOF								YES NOW	IN CERT	S, WERE IFYING C ES		OF DEAT	H?
2	CERT	21a. ACCIDENT WAS UND	ERLYING	21b. TIME OF	INJURY		21c. HOW INJURY OCCURR				PART 21	NO [	
1		OR CONTRIBUTING C		1	A. MONTH DA								
(	MEDICAL	(IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR		P.M 21e. PLACE C		19	211 LOCATION						
	WE	WHILE NOT WHI	K C		ET, FACTORY, OFFICE FA		STREET	CITY OR TO	WN	COL	PTY	51	TATE
3		220 certify that (1)		I) ottended the	deceased from	23	OCT 19 81	100415-23	OCT	198	, <sub>t</sub>	nat () (w	ve) last
Н	18	saw the deceased abave, (1) Ive) (di	d alive an _ id) (did nat)	view the body o	ifter death.	8 / an	d that in (my) (our) apinion d	eath occurred on the de	ate and ha	ur and fr	am the co	ouses sta	ted
		226 SIGNATURE		0 0	, ,		DEGREE	MEDICAL	/	220	DATES	IGNED	THE RES
		> Sego	N	Jerege	veDo		DIO. ATTENDING PHYSICIAN	MEDICAL STAI			230	CT 8	51

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has be

should be detached far use as the bur with the State Dept. of Health and Me

MPORTANT: If Item 21 is

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

and Mental Hygiene prior to be

Burial
24 FUNERAL DIRECTOR
W C. NAME W. Clarke Mattingley Leonardtown, Maryland

231. NAME OF CEMETERY OR TEMATERY

Immaculate

22e ADDRESS

ANDREWS

Heart

JENDZEJEC

Oct. 26, 1981

MALCOLM GROW USAF MEDICAL

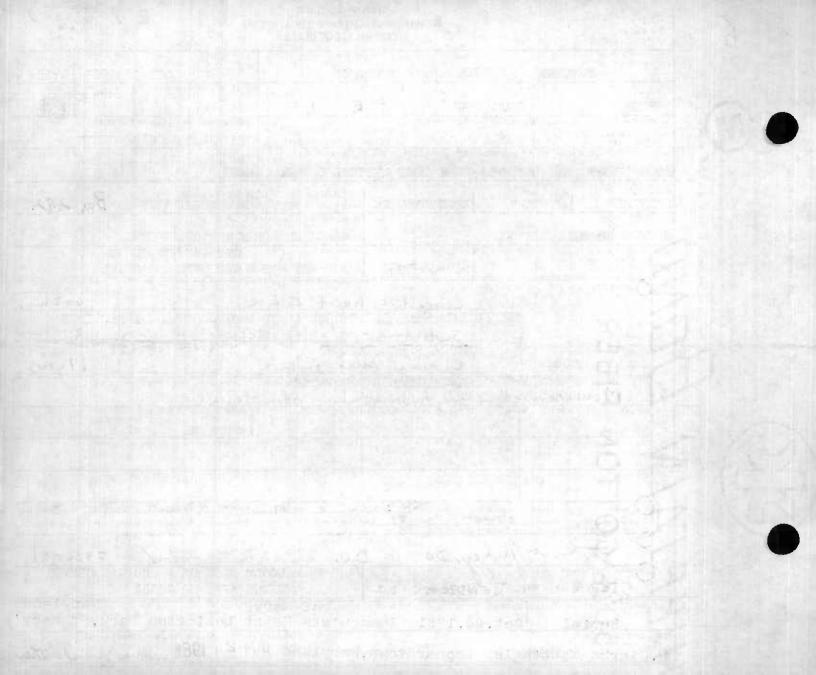
AFB, MD 20331

23d LOCATION Mary t Lexington Park, St

CENTER

Maryland

Mary's



Museum of the company Coverige of Time and Control of State of the Control of the Contro ..... (6.1.) tunin ... (7.0-)-0.00-(0-0.1.) at new 1.1. Friends config. Consequent (account) a foreign 3. U. Co., Se things Daniel Colored Color of Colored Conditions

Rd., Suitland, Md

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR - STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

Funeral Home

REGISTRAR

they also in the pass work in the case of the pass the state of the second tem (in the permit of the company of the said of STATE OF THE RESERVE OF THE PARTY OF THE PAR

		CEASED NAME FIRST OR PRINT)	WIDDLE		AST	20. DATE OF DEATH MONTH D	YEAR 2b.	HOUR
104			_MA	NICHO		10-14		:30A
19/	3. SE		4 RACE	5. DATE (	H DAY YEAR			UNDER 24 H
:9	7a. BI	Female RTHPLACE (STATE OR FOREIGN	Black 176. CITIZEN OF WHAT COL	JNTRY? B.		9. BALTIMORE CITY OR COUNTY	OF DEATH	
77	(	S.C.	U.S.A	MARRIE	D NEVER MARRIED DIVORCED	PRINCE GEORGE'S		
7.1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI	NURSING HOME		120 USUAL OCCUPATION  [TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BL	JSINESS
14	_	EVERLY	PRINCE GEORG	E'S GENER	RAL HOSPITAL	Unemployed	N	Ione
25	13a S	TATE 136 CC		DRIOWN	13d. INSIDE CITY LIMITS?	1003 Glen Wil	Town Dr	
24	)4 FA	Md . THER'S NAME	P.G. Cap.	Hgts.	YES X NO 1		TOM DI.	
1.1	TAT 4	lliam		venson	Rebecca	Chavis	LAST	
200	16a V	AS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRESS		
1	(	es, no or unknown) (IF yes	. GIVE WAR OR DATES) Unk	nown	Nina Morri	s-7326 Landove	r Rd.	
		18 CAUSE OF DEATH (Ente	only one couse per line for (o)	, (b), and (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		11	APPROXIMATE BETWEEN ONSE	INTERVA
		PART I. DEATH WAS CAL	DIATE CAUSE (a) Ca	rdu	aner of	hoch		
		4100	DUE TO, OR AS A CON	NSEQUENCE OF	./			
351		Canditions, if any, which		ute	expensive	myounded	funt	print.
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A COI	NSEQUENCE OF			1	
. 1		underlying cause last.	(c)					-11
	_	PARTS OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART I(a)	5.00
30	O.	Depletes	melleting	deal	the retina	methy		
	CAT	19a. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		WERE FINDINGS	
0	A.L.							10
9	E		1216. TIME OF INJURY		21, HOW INTURY OCCUPI	NED /		
9	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING		TH DAY YEAR	THE HOW HAJORI OCCOR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)	
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER NOTIFY MEDICAL EXAM	DEATH HOUR A.M. MON	TH DAY YEAR	THE HOW INSORT OCCUR	KED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)	
9		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONINER) P.M.	19	211 LOCATION		1	CT
9	MEDICAL CERTII	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A.M. MONINER) P.M.	19		CITY OR TOWN	RT 1 OR PART 2)  / COUNTY	ST
99		OR CONTRIBUTING CAUSE OF  (IF EITHER NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	DEATH HOUR A.M. MONINER) P.M.	OFFICE, FARM, ETC.)	211 LOCATION		COUNTY	
99		OR CONTRIBUTING CAUSE OF  (IF EITHER NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE  AT WORK  220 I certify that (I) (this ha	DEATH HOUR A.M. MON P.M.  11e. PLACE OF INJURY (AT HOME STREET, FACTORY, Ospital) ottended the deceased	OFFICE, FARM, ETC.)	211 LOCATION STREET		COUNTY  9  , that	(I) (w
99		OR CONTRIBUTING CAUSE OF  (IF EITHER NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE  AT WORK  220 I certify that (I) (this ha	DEATH HOUR A.M. MON INER) P.M.  216. PLACE OF INJURY (AT HOME STREET, FACTORY.	19 OFFICE, FARM, ETC.)	211 LOCATION STREET	city or town	COUNTY  9  , that	(I) (w
99		OR CONTRIBUTING CAUSE OF  (IF EITHER NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE  AT WORK NOT WHILE  AT WORK  22a I certify that (I) (this he saw the deceased alive above, (I) (we) (filed) (dice  27b. SIGNATURE	DEATH HOUR A.M. MON P.M.  11e. PLACE OF INJURY (AT HOME STREET, FACTORY).  sopital) ottended the deceased on 10 13 not) view the bady after death	OFFICE, FARM, ETC.)  from	211 LOCATION STREET  , 19  Ind that in (my) (aur) opinion  DEGREE  ATTENDING	city OR TOWN  , to 10-13, 1  death occurred on the date and haur	COUNTY  9 , that ond from the caus	(I) (w
99		OR CONTRIBUTING CAUSE OF  (IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK  220 I certify that (I) (this he sow the deceased alive above, (I) (we'), (id) 27b. SIGNATURE	DEATH HOUR A.M. MON P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, ospital) ottended the deceased an O 3 not) view the bady after death	OFFICE, FARM, ETC.)  from	211 LOCATION STREET  19  Ind that in (my) (aur) opinian DEGREE ATTENDING PHYSICIAN	city OR TOWN  , to 10-13, 1  deoth occurred on the date and haur	COUNTY  9 , that ond from the caus	
9		OR CONTRIBUTING CAUSE OF  (IF EITHER NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE  AT WORK  220 I certify that (I) (this he sow the deceased alive above, (I) (wely gird) (dic  22d. SIGNATURE  22d. PHYSICIAN'S NAME (TY	DEATH HOUR A.M. MON P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY).  Sospital) ottended the deceased an 10 3 and 1001) view the bady after death  PE OR PRINT!	OFFICE, FARM, ETC.)  from	211 LOCATION STREET  19  19  10 d that in (my) (aur) opinion  DEGREE  ATTENDING PHYSICIAN  27e ADDRESS	city or town  , to	COUNTY  9 . that ond from the caus  22c. DATE SIGN  13 - 14	(I) (w ses state
99	MEDICAL	OR CONTRIBUTING CAUSE OF  (IF EITHER NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE  AT WORK  220 I certify that (I) (this he sow the deceased alive above, (I) (wely gird) (dic  22d. SIGNATURE  22d. PHYSICIAN'S NAME (TY	DEATH HOUR A.M. MON P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, 10 pp) 11 pp) 12 pp.	office, FARM, ETC.)	211 LOCATION STREET  19  19  10 d that in (my) (aur) opinion  DEGREE  ATTENDING PHYSICIAN  27e ADDRESS	city OR TOWN  , to 10-13, 1  death occurred on the date and haur	COUNTY  9 . that ond from the caus  22c. DATE SIGN  13 - 14	(I) (w ses state

10-11-11 2:384M (LUCHOLEON) and the latest the search PRINCE GEORGE'S COUNTY CHEVERLY PRINCE GEORGE'S GENERAL HOPPIAL DELICE OF THE THE ROLL LAND STORY STORY STORY STORY STORY STORY STORY . Distance of the control of the control of the control of THOMAS PINDER, MO. 7503 GEORGIA AVE NW HASH, D.C. 20012

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DAVIDSON NOFTSINGER

Oct ! 9. 1912 YEAR

5. DATE OF BIRTH

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

EUGENE TELAND MEMORIAL HOSPITAL

GREENBELT

16b. SOCIAL SECURITY NO.

243 07 6436

BROWN LAST

MIDDLE

Th CITIZEN OF WHAT COUNTRY?

REG. NO 20 DATE OF DEATH MONTH 25 HOUR 1981 OCTOBER 4. 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 68 BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGES

MARRIED NEVER MARRIED DIVORCED |

> 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR HOUSEWIFE WORKING LIFE) CHINICHOME

DAVIDSON

13d. INSIDE CITY LIMITS? 13e. STEEL ADDEENTHWAY ROAD YES K NO [

15. MOTHER'S MAIDEN NAME LIZZIE

John Noftsinger

17 INFORMANT

ADDRESS

Same as #13

AMREST CAMO, AC DUE TO, OR AS A CONSEQUENCE OF RHENMATIC HEART DIS. MITAN STENOSUS & ATRIM FIBRILLATION DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED

170 L certify than (H (this haspital) attended the deceased from

did did not view the body ofter death

SUMSSLER MO

Accrobert

APIHAS, A 20n AUTOPSY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NO

YES

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY STATE

NO [

L, and that in (my) (bur) opinion death occurred on the days and hour and from the causes stated

22c. DATE SIGNED

10.5.81

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

230. BURIAL, CREMATION, REMOVAL 23b. DATE 10/8/81

22d. PHYSICIAN'S NAME (TYPE OR PRI

Ft. Lincoln Cemetery

DEGREE

21f LOCATION

Brentwood

BAT. GLUD LOVE PLE MD 20740 P.G. Maryland

Bray & BREE Bach's Sons Funoral Home. P.A.

1981 Frances

CITY OR TOWN

Burial

22b. SIGNATURE

FOR

REGISTRAR

FIRST

4. RACE

USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION 13b COUNTY

PRINCE GEO.

(IF YES GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c)

SERERRON AS CULAR

216. TIME OF INJURY

P.M

21e PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

AT HOME, STREET, FACTORY, OFFICE FARM, ETC 1

WHITE

U.S.A.

PAULINE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate

couse (a), stoting the

underlying couse last

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

LIF EITHER NOTIFY MEDICAL EXAMINERS

21d. INJURY OCCURRED

WHILE NOT WHILE

DECEASED NAME

- STATE

TYPE OR PRINT

FEMALE

RIVERDALE

MARYLAND

CERTIFICATION

MEDICAL

14 FATHER'S NAME

(YESNOOR UNKNOWN)

To BIRTHPLACE ISTATE OF FOREIGN

B. CITY OR TOWN OF DEATH

VIRGINIA

3 SEX

Hyattsville, Maryland

The state of the s	- savet A V XII	ROBERTS	
	ot. 0, 1012	O STUD	and the
5220-53700-418			L PERSON TAL
mano no minimum u	Transmit days	SON CHEST SHOP	and the state of t
form countries and		removed	THE PLANT OF THE PROPERTY OF
NA TRANSPORT		anithtic .	.0
Ett en nunt dage	intloi nottni	546 70 DE	
	Thanks 3	4.000	
or Arthurstoney			
× VIIII		is in Tribusition	
O 12 3/1	A 68		
	a sugar	Caldin	76.70
the of the reason	The deep	ON 33	THE STATE OF
bushpark .P.9 bonetroet og	alered mineral	te/o/or	Intrant
WEST STORY ST	00		of alleged elonese

PULMONARY EDENA, ACUTE, SHLATERAL, MUDERATE

SPONCHOFFIELMONIA, FARLY

CONGESTIVE HEART FAILURE

1 = 221 Superior Lo., Bowle, Maryland

10-11-01 KEROPE

2 3.00

BOWNE, Mary land

Striel 10/10/61 Reservection Cem. Clinton, Meryl no Scall Functed hone 16000 Annanolis Re., Bowle, Marylane